



COACHING WORKSHOP



The Rhythmic Program at USA Gymnastics invites interested coaches and their athletes to attend the July 2009 Pre-Youth Elite Squad camp to observe, listen, and learn from international guest instructors: 2008 Olympic coach and Brevet judge Elena Nefedova and two of her gymnasts (who will compete in the Chicago Cup!) and expert rhythmic ballet instructor Tatiana Pomersanseva.

These instructors, and a Broadway dance instructor from New York City, will join YES Coordinator Lana Lashoff in working with young gymnasts at the Olympic Training Center in Lake Placid, NY.

Coaches interested in attending should expect to observe (video, note-take) during the trainings. *Training time will be respected by observers so as not to disrupt the work of the staff to communicate with official coaches and gymnasts.*

Workshop Details:

Dates: *Arrive:* Tuesday, July 7; *Depart:* Monday, July 13

Entry Fee: \$75 payable to USAG

Flights: Please arrive at Albany airport between 2-4pm on Tuesday if you wish to take the OTC bus to Lake Placid. Coaches arriving at other times are responsible for their own transportation. Please depart from Albany on Monday after 1pm if you wish to take the OTC bus to the airport from the OTC.

Hotel: Courtyard Lake Placid: two blocks from OTC (walking distance). Double room (find a roommate!): \$119/night (mention USA Gymnastics camp).
<http://www.courtyardlakeplacid.com/>

Meals: You will receive a meal credential for the OTC to cover Wed-Mon meals.

Cost: \$25/day: payable to USAG.

Meeting: There will be an Orientation meeting Tuesday evening at the OTC.

DEADLINE: All travel and payment to USA Gymnastics by June 26th.

Please contact me with any questions.


Caroline Hunt

USA Gymnastics
Rhythmic Program Director

PRE-SQUAD COACH EDUCATIONAL WORKSHOP

Name of Individual: _____

I would like to participate at the:

2009 JULY PRE-SQUAD CAMP COACHES EDUCATIONAL WORKSHOP

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I HAVE READ THE ABOVE AND UNDERSTAND IT IS MY RESPONSIBILITY TO ARRANGE ALL TRAVEL AND HOTEL ACCOMODATIONS.

Coaches Signature (required)/ Member #

Date

FEE: \$75.00

***Please Charge an additional _____ for OTC Meal Credentials.**

Total to Charge to Credit Card: _____

Card # _____ **Exp Date:** _____

Card Holder Name: _____

Signature: _____

**MAIL OR FAX FORM AND FEE TO:
Stephanie Parrish- USA Gymnastics
132 E. Washington Street, STE 700
Indianapolis, IN 46204
Fax: (317) 237-5069**