

# East Zone Silver Clinic

December 5-6, 2015

The East Zone will host an educational clinic. Members of the East Zone All Star Team will be assisting. The East Zone clinic is a USSS sanctioned event. All participants must be registered USSS members.

**CURRICULUM:** The clinic will focus on figures, correct swimming strokes, land training for Level grading, and ballet. The All Star athletes and coaches will be assisting.

**ELIGIBILITY:** Swimmers competing in Age Group events this year. 12-UN Age Group swimmers will attend Saturday and the 16-OV Age Group swimmers will attend the Sunday session. The 13-15 Age Group swimmers may attend either day. Those first year 13-15 swimmers should consider attending the Saturday session. Those 13-15 swimmers who are swimming up in team with the 16-OV swimmers should consider attending the Sunday session. ***EACH CLUB MAY SUBMIT 4 ATHLETES PER AGE GROUP.*** Additional athletes' names may be submitted. The alternates will be selected as space permits.

**Saturday, Dec. 5 9:00 AM – 5:00 PM**

**Sunday, Dec. 6 8:00 AM – 4:00 PM**

**HOST:** BGC Gaviatas  
Contact: Yvonne Hartman  
[Hartmanclan2@aol.com](mailto:Hartmanclan2@aol.com) Phone: 607-625-3660

**VENUE:** Owego Free Academy High School  
1 Sheldon Guile Road  
Owego, NY 13827  
607-687-7301

**FEE:** Swimmers \$80.00 – including lunch – ***INDICATE ANY DIETARY NEEDS***  
Coaches \$40.00 – including lunch - All **elected** Association Education Reps may attend for free

**REGISTRATION:** **Email Sheila Wright at [sawright212@optimum.net](mailto:sawright212@optimum.net)** with names as soon as possible. Follow up with attached registration form **postmarked by Nov. 14, 2015.** Registrations must be accompanied with the registration fee for a confirmed registration. **Mail form – to Sheila Wright, 212 Springmeadow Dr. Unit I, Holbrook, NY 11741 Phone 631-472-4441**  
***A couch must accompany the team.***

<b>HOTEL:</b>	<b>Holiday Inn Express</b>	<b>Hampton Inn</b>
	20 Hickory Park Road	1030 NY 13C
	Owego, NY	Owego, NY
	607-687-9000	607-687-4600

Book by Nov. 24, 2015

# East Zone Silver Clinic

Saturday, December 5, 2015

## Clinic Registration Postmark Nov. 14, 2015

NAME OF CLUB \_\_\_\_\_

NAME OF COACH *ATTENDING* \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE - HOME \_\_\_\_\_ WORK/CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

### *Sat. Session - Athletes 12-Under Age Group and 13-15 Age Group*

Name	Age Group	Figure Score
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate any dietary needs or none can be expected.

# East Zone Silver Clinic

Sunday, December 6, 2015

**Clinic Registration Sunday**

**Postmark Nov. 14, 2015**

**NAME OF CLUB** \_\_\_\_\_

**NAME OF COACH *ATTENDING*** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE - HOME** \_\_\_\_\_ **WORK/CELL** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

\_\_\_\_\_

## ***Sun. Session - Athletes 13-15 and 16 and over Age Group swimmers***

Name	Age Group	Figure Score
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate any dietary needs or none can be expected.



# East Zone Silver Clinic

December 5-6, 2015

NAME OF CLUB \_\_\_\_\_

NAME OF COACH *ATTENDING* \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE - HOME \_\_\_\_\_ WORK/CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

**Registration fee must accompany registration to guarantee entrance to the clinic. Contact Sheila Wright with any questions.**

FEES: Total number of athletes \_\_\_\_\_ x \$80.00 = \_\_\_\_\_  
Total number of coaches \_\_\_\_\_ x \$40.00 = \_\_\_\_\_

Total fee \_\_\_\_\_

**MAKE CHECKS PAYABLE TO THE EAST ZONE.**

Mail hard copy with fees to:

Sheila Wright  
212 Springmeadow Dr. Unit I  
Holbrook, NY 11741  
631-472-4441  
[sawright212@optimum.net](mailto:sawright212@optimum.net)