



CLUB DE GYMNASTIQUE LES SITTELLES
15e Compétition interclub annuelle
15th Annual Interclub Competition
"ENVOL 2004"

Gymnastics Ontario Sanctioned Event

Call-to-meet:

Club de gymnastique "Les Sittelles" will be hosting their **fifteenth** invitational gymnastics meet. You are cordially invited to participate at this event in our new facility. We look forward to meeting you and your gymnasts for some fun and friendly competition.

LOCATION: 704-1290 Old Innes Road, Ottawa, Ontario

DATE: **Saturday & Sunday, May 1st & 2nd, 2004.**

PARTICIPANTS: **All Interclub, Pre-Competitive and Masters levels.**

TIME:

1st flight competitors:	Registration	7:45 a.m.
	March-in	8:00 a.m.
	General Warm-up	8:15 a.m.

2nd, 3rd and 4th flight times to be determined.

REQUIREMENTS: *As per Gymnastics Ontario Women's Artistic Program Manual 2003-2004.*

EQUIPMENT: *Gymnova – Cube Floor
Spieth-Anderson
Vault – Regular horse, accelerator board, landing mat is 20cm
Bars - peg adjusters, mats are 20 cm thick
Beam – peg adjusted, mats are 12cm thick*

MUSIC: *All music must be recorded at the beginning of a cassette or CD with the gymnast's name, club and category clearly marked. Please hand in cassette or CD to the Announcer's table at the start of the General Warm-Up.*

MEDICAL: *If any gymnast has a medical condition that the Meet Director and Medical Attendee should be aware of, please submit details on the registration form.*

COST: \$40.00 per gymnast. No refunds will be given.
Alternates will be accepted until April 24, 2004.

REGISTRATION: Please return your club registration form no later than
March 27st, 2004. Send **a single** cheque for your entire
team's total number of participants **payable to "Les Sittelles"**.

TO: Dayna Robinson
Interclub Program Director
704-1290 Old Innes Road
Ottawa, Ontario
K1B 5M6

TELEPHONE #: (613) 742-5098 (club)
EMAIL: dayna@sittelle.ca
dyr@economicalinsurance.com (work)

Co-Meet Coordinators: Dayna Robinson and Jocelyne Legault

* If our maximum number of gymnasts is surpassed, registrations will be accepted
on a first come first serve basis.

** Groups may be divided if numbers are too high in a same category.

- AWARDS:**
1. Medals: - 1st to 3rd all-around
 2. Ribbons: - 1st to 8th each event
- 4th to 8th place all-around
- Participation ribbons
 3. Team awards

MEALS: Canteen provided. Will include breakfast items in the morning and a
variety of snacks and lunch foods.

HOPE TO SEE YOU THERE!

Sincerely,

Dayna Robinson
Co-meet coordinator/Interclub Program Director

ACCOMODATIONS - Les Sittelles
"ENVOL 2004"

- 1) **Travelodge**
\$109.00 + tax (2 double beds), indoor pool.
1486 Innes Rd., Gloucester,
Telephone # 1-800-359-6279
(Exit Innes Rd. off Highway 417)

- 2) **WelcomInns**
\$99.00 + tax (Queen beds)
1220 Michael St., Gloucester,
Telephone # 1-800-387-4381
(Exit at St-Laurent Blvd. off Highway 417)

* If you would like other motel/hotel locations, please call.

LETTER OF INTENT

"ENVOL 2004"

May 1st & 2nd

Please reserve a space for:

Club name: _____

Head Coach: _____

Phone: _____

Fax: _____

Number of Interclub athletes: _____

Number of Pre-Comp athletes: _____

Number of Masters: _____

Fax to (613) 742-5098

Email: dayna@sittelle.ca

Please return the card of intent to pre-register your club,
before March 1st.



"CLUB DE GYMNASTIQUE LES SITTELLES"
INTERCLUB REGISTRATION FORM
"ENVOL 2004"

CLUB: _____ PHONE: _____

CLUB COLOURS: _____

CONTACT COACH: _____ PHONE: _____

Coaches with GO #: _____

All teams are responsible for ensuring they have the G.O. "Participant consent Form and Medical Data Record" at the meet for all participating gymnasts. Coaches must have appropriate certification level to accompany gymnasts on the competition floor. All athletes must present their GO membership card at the time of registration.

NAME	G.O.#	D.O.B. D-M-Y	CATEGORY	A or B
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

of gymnasts: _____ X \$40.00 = _____ (Total)



"CLUB DE GYMNASTIQUE LES SITTELLES"
PRE-COMPETITIVE REGISTRATION FORM
"ENVOL 2004"

CLUB: _____ PHONE: _____

CLUB COLOURS: _____

CONTACT COACH: _____ PHONE: _____

Coaches with GO #: _____

All teams are responsible for ensuring they have the G.O. "Participant consent Form and Medical Data Record" at the meet for all participating gymnasts. Coaches must have appropriate certification level to accompany gymnasts on the competition floor. All athletes must present their GO membership card at the time of registration.

NAME	G.O.#	D.O.B. D-M-Y	AGE CATEGORY	A/B/C
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

of gymnasts: _____ X \$40.00 = _____ (Total)



"CLUB DE GYMNASTIQUE LES SITTELLES"
MASTERS REGISTRATION FORM
"ENVOL 2004"

CLUB: _____ PHONE: _____

CLUB COLOURS: _____

CONTACT COACH: _____ PHONE: _____

Coaches with GO #: _____

All teams are responsible for ensuring they have the G.O. "Participant consent Form and Medical Data Record" at the meet for all participating gymnasts. Coaches must have appropriate certification level to accompany gymnasts on the competition floor. All athletes must present their GO membership card at the time of registration.

NAME	G.O.#	D.O.B. D-M-Y	AGE CATEGORY	A/B/C
1.				
2.				
3.				
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of gymnasts: _____ X \$40.00 = _____ (Total)

