



# 2009 Capital City Cup

TALLAHASSEE, FLORIDA



The Staff and TGC Boosters of the Trousdell Gymnastics Center, cordially invite your Men's Gymnastics Team, Levels 4-10, to our 12<sup>th</sup> Annual Capital City Cup. This meet will be a great end of the season competition, with a comfortable setting for gymnasts and parents alike. We will be using all AAI equipment with one exception, our doublewide GMR 4 inch spring floor. We anticipate that this event should attract gymnasts from throughout the Southeast Region of the United States. This is a USA Gymnastics sanctioned meet.

**DATES:** FEBRUARY 21-22, 2009  
**HOST:** TROUSDELL GYMNASTICS CENTER STAFF AND TGC BOOSTERS  
326 JOHN KNOX ROAD  
TALLAHASSEE, FL. 32303  
**GYM PHONE:** (850) 891-3964  
**FAX #:** (850) 891-3978  
**E-MAIL** MIKE.MANAHAN@TALGOV.COM

**MEET DIRECTOR:** MIKE MANAHAN

**LEVELS/AGE GROUPS:** LEVEL 4 (6-7,8-9,10-11, 12+) LEVEL 8 (12-13, 14-15)  
LEVEL 5 (7-9,10-11, 12+) LEVEL 9 (12-13, 14-15, 16-18)  
LEVEL 6 (8-9,10-11,12+) LEVEL 10 (14-15, 16-18)  
LEVEL 7 (10-11, 12+)

**AWARDS:** INDIVIDUAL MEDALS FOR EACH EVENT WILL BE AWARDED (50% + 1)  
TROPHIES FOR ALL AROUND WILL BE AWARDED. TEAM TROPHIES  
BASED ON TOP THREE SCORES IN EACH EVENT FOR EACH LEVEL  
*WILL BE AWARDED.*

**ENTRY FEES:** \$55 PER INDIVIDUAL GYMNAST  
\$50 PER TEAM WITH SEPARATE TEAMS FOR  
LEVEL 4, LEVEL 5, LEVEL 6, LEVEL 7, LEVELS 8,9 AND 10 WILL  
BE COMBINED

Send completed entry form with club check/ Or money order payable to:  
TGC Boosters/ CCC  
326 John Knox Rd.  
Tallahassee, Fl. 32303

**\*\*\*ENTRY DEADLINE: JANUARY 23RD, 2009\*\*\***

**HOST HOTEL:** CABOT LODGE, 2735 MONROE ST., TALLAHASSEE, FL. 32303,  
1-800-223-1964, FREE CONTINENTAL BREAKFAST INCLUDED  
\$69/NIGHT, MENTION CAPITAL CITY CUP BY FEBRUARY 6TH.

*Each Coach must be at least 16 years of age, have a current USA Gymnastics Professional number and be Safety Certified. Each Gymnast must be a registered USA Gymnastics Team Member to participate in this competition.*



# 2009 Capital City Cup Entry Form

Tallahassee, Florida



Club Name:	Coach's Name:	USAG#	Safety Cert. Exp. Date

Club Address:

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USAG Club#:

Club Phone#:

Club Fax#:

Club Email:

Gymnast Name (last, first)	USAG#	Level	Age Group	Date of Birth

Individual Fees:

# of Level 4 Gymnasts		x\$55 =	
# of Level 5 Gymnasts		x\$55 =	
# of Level 6 Gymnasts		x\$55 =	
# of Level 7 Gymnasts		x\$55 =	
# of Level 8 Gymnasts		x\$55 =	
# of Level 9 Gymnasts		x\$55 =	
# of Level 10 Gymnasts		x\$55 =	
Total # of Individuals		Total \$ for Individuals:	

Team Fees:

Level 4 Team		x\$50.00=	
Level 5 Team		x\$50.00=	
Level 6 Team		x\$50.00=	
Level 7 Team		x\$50.00=	
Level 8, 9 and 10 Teams Combined		x\$50.00=	
Total # of Teams		Total \$ for Teams	
Grand Total of Team and Individual			

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club check or money order  
payable to:

**TGC Boosters**  
**326 John Knox Rd**  
**Tallahassee FL 32303**