



NEWSLETTER

W i n t e r 2 0 0 5



CONGRATULATIONS ALICIA!

Alicia Sacramone [Brestyan's Gymnastics - Massachusetts]
2004 World Cup Gold Medalist

**JULY 8 – 10, 2005
REGION VI and VII
COMPULSORY
WORKSHOP
AND TECHNICAL
SYMPOSIUM
PROVIDENCE, RI**

Meet Directors and Officials

Judges' Mileage Reimbursement for 2005.

Effective January 1, 2005, the standard mileage rate will be increased to 40 cents per mile for all business miles driven.

Entry Form for Regional Championships

Level 8/9/10

An Entry Form for the Level 8/9/10 Regional Championships is enclosed in this Newsletter. These forms will also be available from your State Committee Chairman at the State Championships. In order to avoid the "rush" at State Championships you may complete the form with your gymnasts that you expect will qualify to Regionals. You can mark through anyone who does not qualify before you turn in the form to your State Committee Chairman. PLEASE REMEMBER:

- **Use ONE form per level**
- Entry Fee must be paid with a Club check. No PERSONAL checks will be accepted.
- Incomplete entry forms will be returned and charged a \$25 administrative fee.

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REGION VI

USAG WOMEN'S PROGRAM COMMITTEE

Web page: www.region6usag.org

REGIONAL CHAIRMAN	KATHY OSTBERG	365 Spring Street Shrewsbury, MA 01545 kathyro5@aol.com	(508) 842-5614 (Phone/Fax) www.region6usag.org
REGIONAL TECHNICAL CHAIRMAN	PATRICIA PANICHAS	9 Sherman Lane Hamden, CT 06514 panichasp1@southernct.edu	(203) 248-7999 (H) (203) 392-6082 (W) (203) 392-6093 (Fax)
REGIONAL JO PROG. CHAIRMAN	LARRY GOLDSMITH	41 Brook Court E. Amherst, NY 14051 gleasongym@aol.com	(716) 688-0280 (H) (716) 694-6557 (W) (716) 694-6557 (Fax)
REGIONAL ELITE PROG. CHAIRMAN	BARBARA TIESS	PO Box 2097 St. James, NY 11780	(631) 584-8116 (W) expertiess@aol.com
REGIONAL TOP COORDINATOR	DAILE VAN PATTEN	PO Box 8593 Endwell, NY 13762 STGA10@aol.com	(607) 754-7714 (607) 754-7484 (Fax)

STATE CHAIRMAN

CONNECTICUT	ROBIN DEARY FILLMORE	31 Commerce Ave. Danielson, CT 06239 rdfusagctsc@sbcglobal.net	(860) 779-3002 (H) (860) 774-9284 (W) www.usagconnecticut.org
MAINE	DONNA LANDAU	PO Box 525 A Kennebunkport, ME 04046 dmlandau@hotmail.com	(207) 985-6621 (W) (207) 967-4070 (H) (207) 985-6621 (Fax)
MASSACHUSETTS	STEVE DiTULLIO	181 Great Rd. PO Box 454 Stow, MA 01775 WeFlip@aol.com	(978) 897-6606 (978) 897-6606 (Fax) www.massusag.com
NEW HAMPSHIRE	DIANE COTE BURK	54 Logging Hill Rd. Bow, NH 03304 DianeCB@conversent.net	(603) 224-3524 (H) (603) 228-8424 (W) (603) 228-8799 (Fax) www.nh-usag.org
NEW YORK	PAUL SPADARO	22 River Terrace Apt. 20D New York, NY 10282 citygames@aol.com	(212) 227-9793 (212) 227-9793 (Fax) www.newyorkstategymnastics.com
RHODE ISLAND	KELLI DOORLEY	96 Chestnut Ave. Cranston, RI 02910	(401) 383-7575 (Phone/Fax) www.riusag.com
VERMONT	JILL G. VANDERPOT	94 Olcott Dr. White River Jct., VT 05001 Jgumkow@aol.com	(802) 436-2875 (H) (802) 295-2070 (W)

USAG OFFICE (317) 237-5050
(317) 237-5069 Fax

USAG MEMBERSHIP

1-800-345-4719

www.usa-gymnastics.org

TRAINING CAMP

To benefit the Tsunami Disaster Relief Fund

An opportunity for young athletes to work with National & Regional Staff Members

- WHEN:** March 26, 2005
- WHERE:** Gymnastics and More
8 Micro Dr, Woburn, MA
- WHO:** Open to USAG developmental [Level 1- 4] and Recreational athletes [Prep Op]
- COST:** \$40 for [1] session
Registration will be accepted on a first come basis
- SCHEDULE:** Session I 1:00 – 4:00 PM
Session II 4:30 – 7:30 PM
- DEADLINE:** February 26, 2005

Additional information will be sent upon receipt of registration.

Club _____

Address _____

_____ **Zip** _____

Phone [] _____

Coach _____ **Email** _____

USAG # _____

Athlete's Name	USAG #	Age

Make checks payable to: American Red Cross
Club Checks ONLY
SEND TO:
Kathy Ostberg 365 Spring St Shrewsbury, MA 01545

CALENDAR

Elite Corner

FEBRUARY

5	Pre Elite Testing	Endwell, NY
12-13	Pre Elite Testing	Zero Gravity – CT
12-13	National Elite Qualifier	Huntington Beach, CA
18-20	National Elite Qualifier	Fort Lauderdale, FL
19-20	Pre Elite Testing	ExperTiess – NY

MARCH

5-6	American / Challenge	San Antonio, TX
TBA	National Elite Qualifier	Houston, TX

JUNE

17-18	Pre-Elite Qualifier	TBA
24-26	TOPS Test & Training Camp	Huguenot, NY
25	Elite International Qualifier	TBA

JULY

8-9	Pre Elite Qualifier	TBA
22-23	US Classic / Challenge	Virginia Beach, VA

AUGUST

10-13	US National Championships	Indianapolis, IN
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CONGRATULATIONS TO 2004 TOPS NATIONAL TEAM MEMBERS!

2004 National TOP 'A' Team

Petra Matthies	Brestyan	Megan Walker	STGA
Lauren Beers	STGA	Marly Portocarrero	Riverside
Alison LaRocca	Exper-Tiess	Alexandra Christensen	Exper-Tiess
Amanda Hubley	GTC-MA	Patel India	Chelsea Piers

2004 National TOP 'B' Team

Stephanie Brown	Brestyan	Corey Persson	Yellowjackets
Paige Stelzl	Arena	Rachel Fielitz	Kennett
Alexandra Raisman	Brestyan	Samantha Doucette	Atlantic

LEVEL 9 / 10 REGIONAL CHAMPIONSHIPS**General Information**www.region6usag.org

DATE: April 15 –17, 2005

HOST: CNY Gymnastics
Gary Gregory 315-437-4535
Cnygc2@aol.com

SITE: OnCenter Convention Center
800 South Street
Syracuse, NY

DIRECTIONS AND INFORMATION: www.cnygymnastics.com/

QUALIFYING CRITERIA: 34.00 AA at the State Championships

ACCOMODATIONS: *The Marx [host hotel]*
701 E. Genesee Street
Syracuse, NY 13210
315 479-7000
\$105++ single king bed / \$115++ double
Reservation Code: Gymnastics Region 6
www.marxsyracuse.com

Embassy Suites
6646 Old Collamer Road
East Syracuse, NY 13057
315 446-3200
\$139++ single king / \$149++ double
Reservation Code: Gymnastics Region 6
www.cnygymnastics.com/Meets/Directions/EmbassySuites.htm

FORMAT: Warm up / Compete

ENTRY FEE: \$85.00 Payable to **'USAG VI'**
Club - Bank check ONLY

SCHEDULE*:

Friday	April 15	Level 10
Saturday	April 16	Level 9
Sunday	April 17	Level 9

***FINAL MEET SCHEDULE WILL BE DETERMINED 3/28/05**

EQUIPMENT: AAI

ADMISSION:

Single Session	Adults \$10 / Seniors / Juniors [5-12]	\$5
Any Two Sessions	Adults \$15 / Seniors / Juniors [5-12]	\$8
All Session Package	Adults \$25 / Seniors / Juniors [5-12]	\$20
Children under 5	No Charge	

REMEMBER: If you have athletes qualify to Level 9 Easterns and / or Level 10 Nationals, **you must fill out entry forms at Regionals immediately after each session.** You will need a separate club check per Level [NO PERSONAL CHECKS ACCEPTED].

**LEVEL 8 REGIONAL CHAMPIONSHIPS
GENERAL INFORMATION**

www.region6usag.org

- DATE:** April 30, 2005 – May 1, 2005
- HOST:** Massachusetts Gymnastics Center - Westborough
Westborough, MA
508 870-0253
leodoran@massgymnastics.com
- SITE:** Hudson High School
69 Brigham St
Hudson, MA 01749
- ACCOMODATIONS:** *Embassy Suite Hotel*
123 Boston Post Road West
Marlborough, MA 01752
508 485-5900
\$109.95++
Reservation Code: gym
- EQUIPMENT:** AAI
- FORMAT:** Capitol Cup
- AGE GROUPS:** [8-11] [12] [13-14] [15]
- QUALIFYING CRITERIA:** **NEW FOR 2005**
Qualification will take place at the state championships. Top 7 gymnasts in age group [8-12] ; the top 7 gymnasts in age group [13 – 14] and the top 7 gymnasts in age group [15+] will qualify as the state team. **The 8th athlete in each age division will advance to a 'Mixed State Team'. This additional team will eliminate the bye squad.**

An additional 80 qualifiers [All-stars] will be selected on a % of a % formula.
Athletes in the All-star session will compete on all-star teams.
- ENTRY FEE:** \$85.00 payable to USAG VI
Bank – Club check ONLY
- ADMISSION:** Single Session - Adults \$10 / Seniors – Students \$5
Weekend Pass - Adult \$20 / Seniors – Students \$10
- SCHEDULE:** Saturday State Team Competition [3 sessions]
Sunday All star Competition [2 sessions]

**Schedule is tentative and subject to change*



2005 USA Gymnastics - Regional Championships

Entry Form

Level 9

Club Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

COACHES ATTENDING COMPETITION

NAME	USAG #	SAFETY EXP
1. _____		
2. _____		

GYMNASTS ATTENDING COMPETITION

NAME	GRADUATING SENIOR	DATE OF BIRTH	USAG #	US CITIZEN
1. _____	Y / N			Y / N
2. _____	Y / N			Y / N
3. _____	Y / N			Y / N
4. _____	Y / N			Y / N
5. _____	Y / N			Y / N
6. _____	Y / N			Y / N

ENTRY FORM AND FEE MUST BE RETURNED TO YOUR STATE CHAIRMAN IMMEDIATELY FOLLOWING YOUR STATE CHAMPIONSHIPS.
ENTRY FEE IS \$85. MAKE CHECK PAYABLE TO "USAG - REGION VI." BANK OR CLUB CHECK ONLY.



2005 USA Gymnastics - Regional Championships

Entry Form

Level 10

Club Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

COACHES ATTENDING COMPETITION

NAME	USAG #	SAFETY EXP
1. _____	_____	_____
2. _____	_____	_____

GYMNASTS ATTENDING COMPETITION

NAME	GRADUATING SENIOR Y / N	DATE OR BIRTH	USAG #	US CITIZEN Y / N
1. _____	Y / N	_____	_____	Y / N
2. _____	Y / N	_____	_____	Y / N
3. _____	Y / N	_____	_____	Y / N
4. _____	Y / N	_____	_____	Y / N
5. _____	Y / N	_____	_____	Y / N
6. _____	Y / N	_____	_____	Y / N

ENTRY FORM AND FEE MUST BE RETURNED TO YOUR STATE CHAIRMAN IMMEDIATELY FOLLOWING YOUR STATE CHAMPIONSHIPS.
 ENTRY FEE IS \$85. MAKE CHECK PAYABLE TO "USAG - REGION VI." BANK OR CLUB CHECK ONLY.



2005 USA Gymnastics - Regional Championships

Entry Form

Level 8

Club Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

COACHES ATTENDING COMPETITION

NAME	USAG #	USAG #	SAFETY EXP
1. _____			
2. _____			

GYMNASTS ATTENDING COMPETITION

NAME	GRADUATING SENIOR	AGE GROUP			DATE OF BIRTH	USAG #	TEAM
		8-11	12-14	13-15+			
1. _____	Y / N	8-11	12-14	13-15+			Y / N
2. _____	Y / N	8-11	12-14	13-15+			Y / N
3. _____	Y / N	8-11	12-14	13-15+			Y / N
4. _____	Y / N	8-11	12-14	13-15+			Y / N
5. _____	Y / N	8-11	12-14	13-15+			Y / N
6. _____	Y / N	8-11	12-14	13-15+			Y / N

ENTRY FORM AND FEE MUST BE RETURNED TO YOUR STATE CHAIRMAN IMMEDIATELY FOLLOWING YOUR STATE CHAMPIONSHIPS. ENTRY FEE IS \$85. MAKE CHECK PAYABLE TO "USAG - REGION VI." BANK OR CLUB CHECK ONLY.

ENTRY FORM ELITE QUALIFYING COMPETITIONS

DATE OF COMPETITION _____

SITE OF QUALIFIER _____

CLUB _____

ADDRESS _____

TOWN / CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

CELL PHONE _____ **[EMERGENCY USE ONLY]**

E-MAIL _____

COACH [ES]

NAME _____ **USAG#** _____ **SAFETY EXP** _____

NAME _____ **USAG#** _____ **SAFETY EXP** _____

NAME _____ **USAG#** _____ **SAFETY EXP** _____

Athlete's Name	USAG #	Date of Birth	Comp	Opt	
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int
					TOP Pre Int

***Entry Fee: \$75 Compulsory or Optional
\$100 Both**

_____ OF ENTRIES @ \$75 = _____ **# _____ OF ENTRIES @ \$100 = _____**

Make checks payable to: USAG VI

***Second season entry fee**

**Send completed form and fee to: Barbara Tiess PO Box 2097 St James, NY 11780
Registration MUST be received two weeks prior to the competition.**

CALENDAR

MARCH 2005

19 – 20 Level 9 – 10 State Championships Various Sites

APRIL 2005

9 NCAA Regional Championships Durham, NH

15 – 17 Level 9 – 10 Regional Championships Syracuse, NY

16 Collegiate National Championships Ithaca, NY

NCAA National Championships

30 – May 1 Level 8 Regional Championships Hudson, MA

MAY 2005

6 – 8 Level 9 Eastern Championships St Petersburg, FL

13 – 15 Level 10 National Championships Ontario, CA

JUNE 2005

2 – 5 Master Compulsory Workshop / Louisville, KY
Technical Symposium

9 – 12 Master Compulsory Workshop / Reno, NV
Technical Symposium

JULY 2005

9 – 10 Region VI – VII Compulsory Workshop Providence, RI

14 – 17 NAWGJ Symposium Portland, OR

22 – 23 US Classic / Challenge Virginia Beach, VA

AUGUST 2005

11 – 14 US Championships / National Congress Indianapolis, IN

14 – 17 National Officials Course #1 Indianapolis, IN

18 – 21 National Officials Course # 2 Indianapolis, IN

PETITION RULES:

These can be found in the current [2004-2005] R & P, pages 47 & 48. The petition form can be found on the USAG Website.

9/10 Regionals:

The following must be **received** by the RTCC [Pat Panichas] no later than **3 days** after your state's 9/10 State Championships:

- ** PETITION FORM – completely filled out – with CORRECT INFORMATION
- ** Photocopy of one pre-state, current sanctioned competition at the level athlete is petitioning – with a MINIMUM score of 35.00. If the gymnast competed at the 2004 9/10 Regional Meet, 9 Easterns or 10 Nationals and scored a 35.00 and she is at the same level – those scores may also be used. High School, College meets MAY NOT be used.
- ** Doctor's written verification of the injury or illness and **date when gymnast may return to gymnastics activity.**
- ** Written request by coach or parent stating reason for the petition (reasons are illness, injury or personal tragedy [death or natural disaster]).

ENTRY FORM & FEES: Are mailed to the Regional Chairperson [Kathy Ostberg] and may be submitted with Regional entries at the State Championships. If a petition is denied, entry fees will be returned.

In order to meet the deadline: **Express Mail** to:

Pat Panichas

9 Sherman Lane

Hamden, CT 06514

Phone [203] 248 7999

Or FAX to Pat at [203] 392-6093

If you do not have the doctor's note – please send all other material by the deadline and the doctor's note ASAP! We do not want to close out any athlete because of a missed deadline!

In Region 6, notifications of acceptance of Petitions will be made one week after petition deadline. Once the coach realizes the petitioned athletes CANNOT participate in the Regional championships, the coach must IMMEDIATELY notify Kathy Ostberg.

Level 8 Regional Petitions: contact Pat Panichas at panichasp1@southernct.edu for details.



Kathy Ostberg
Region 6 Chairman
365 Spring St.
Shrewsbury, MA 01545

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