

Cartersville Twisters

Cartersville Invitational 2019

January 26-27, 2019

USAG Sanctioned

Club: _____ Gym Phone _____

Address _____ City/St/ZIP _____

Coach E-Mail _____ **Club #** _____

Coach Contact phone number _____

Coach: _____ USAG No. _____

Coach: _____ USAG No. _____

Coach: _____ USAG No. _____

Coach: _____ USAG No. _____

Coach: _____ USAG No. _____

It is ABSOLUTELY ESSENTIAL that CORRECT birth dates are included on the entry form.

Please use separate form for each level

	Name of Gymnast	USA #	Age	Birthdate	Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Entry Deadline: Received January 11, 2019

Send Association check only :

Cartersville Twisters Booster Club

P. O. Box 200625

Cartersville, GA 30120

Tel: 770-387-5629

0 of gymnasts @ \$65 = 0
 Team fee \$40 =

Total = 0

Check # _____

Sheet1

Sheet2

Sheet3

Sheet4

Sheet5

Sheet6

Sheet7

Sheet8

Sheet9

Sheet10