

# Cartersville Twisters

2018 Men's Winter Carnival

December 1-2, 2018

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 November 16, 2018**

**Send Association check only :**

Cartersville Twisters Booster Club

P. O. Box 200625

Cartersville, GA 30120

Tel: 770-387-5629

Email: [akouznetsov@cityogcartersville.org](mailto:akouznetsov@cityogcartersville.org)

0	#	gymnasts X \$80	=		0
	#	Team Fee \$50	=		
		Total	=		0
	Check #	_____			