

Cartersville Twisters

Cartersville Invitational 2020

February 8-9, 2020
AAU Sanctioned

Club: _____ Gym Phone _____

Address _____ City/St/ZIP _____

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

Coach Contact phone number _____

Coach: _____ AAU No. _____

Coach: _____ AAU No. _____

Coach: _____ AAU No. _____

Coach: _____ AAU No. _____

Coach: _____ AAU 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 24, 2020

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

Check # _____

Send Association check only :

Cartersville Twisters Booster Club
P. O. Box 200625
Cartersville, GA 30120
Tel: 770-387-5629

Email akouznetsov@cityofcartersville.org