

Cartersville Twisters

2017 Men's Winter Carnival

December 2-3, 2017

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 ent

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 17, 2017

0 # gymnasts X \$80 =

Team Fee \$50 =

Total =

Check # _____

0

Send Association check to

Cartersville Twisters Boost

P. O. Box 200625

Cartersville, GA 30120

Tel: 770-387-561

Email: akouznetsov@cityof

try form.

ation check only :
visters Booster Club

770-387-5629
etsov@cityogcartersville.org

