

Cartersville Twisters

Nifty November 2017

November 4-5, 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 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 October 20, 2017

0 # gymnasts X \$65 =
Team Fee \$40 =
Total =

Send Association check only :

Cartersville Twisters Booster Club

P. O. Box 200625

Cartersville, GA 30120

Tel: 770-387-5629

Check # _____

Ema akouznetsov@cityofcartersville.org

