

# Cartersville Twisters

## Cartersville Invitational 2018

February 10-11, 2018  
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 en**  
**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 26, 2018**

0 of gymnasts @ \$60 =  
 Team fee \$40 =  
 Total = 0

**Send Association che**  
 Cartersville Twisters Bo  
 P. O. Box 200625  
 Cartersville, GA 30120  
 Tel: 770-387

Check # \_\_\_\_\_

Email [akouznetsov@cityofcarl](mailto:akouznetsov@cityofcarl)

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**try form.**

**ociation check only :**  
Twisters Booster Club

770-387-5629

[ov@cityofcartersville.org](mailto:ov@cityofcartersville.org)