

# Cartersville Twisters

2020 Men's Winter Carnival  
December 5-6, 2020  
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 18, 2020**

0	#	gymnasts X \$85	=	0
	#	Team Fee \$50	=	
		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