

# 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 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 17, 2017**

**Send Association check only :**

0 # gymnasts X \$80 = 0

# Team Fee \$50 = 0

Total = 0

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

Cartersville Twisters Booster Club

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