

# Cartersville Twisters

Nifty November 2017

November 4-5, 2017

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

**Send Association check only :**  
Cartersville Twisters Booster Club  
P. O. Box 200625  
Cartersville, GA 30120  
Tel: 770-387-5629

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

Email [akouznetsov@cityofcartersville.org](mailto:akouznetsov@cityofcartersville.org)