

Cartersville Twisters

Nifty November 2019

November 2-3, 2019
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 18, 2019

0	#	gymnasts X \$70	=	0
	#	Team Fee \$40	=	
		Total	=	0

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

Check # _____

Email akouznetsov@cityofcartersville.org