

# Cartersville Twisters

Cartersville Invitational 2019

January 26-27, 2019

AAU Sanctioned

Club: \_\_\_\_\_ Gym Phone \_\_\_\_\_

Address \_\_\_\_\_ City/St/ZIP \_\_\_\_\_

**Coach E-Mail** \_\_\_\_\_ **Club #** \_\_\_\_\_

**Coach Contact phone number** \_\_\_\_\_

Coach: \_\_\_\_\_ AAU No. \_\_\_\_\_

Coach: \_\_\_\_\_ AAU No. \_\_\_\_\_

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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 January 11, 2019**

**Send Association check only :**

Cartersville Twisters Booster Club

P. O. Box 200625

Cartersville, GA 30120

Tel: 770-387-5629

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

Total = 0

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

Sheet1

Sheet2

Sheet3

Sheet4

Sheet5

Sheet6

Sheet7

Sheet8

Sheet9

Sheet10