

Cartersville Twisters

Nifty November 2011

November 4-6, 2011

AAU Sanctioned

Name of Club: _____ Gym Phone _____

Address _____ City/St/ZIP _____

FAX: _____ **E-Mail** _____ **Clu Club No.** _____

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	AAU #	Age	Birthdate	Level
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Entry | Deadline Received October 17, 2011

_____ of gymnasts @ 54 = _____
 No Team fee
 Total = _____
 Check # _____

Send Association check only :

Cartersville Twisters Booster Club

P. O. Box 200625

Cartersville, GA 30120

Tel: 770-387-5629

FAX: 770-573-3721

akouznetsov@cityofcartersville.org