

# Cartersville Twisters

## Spring Fling 2012

March 2-4, 2012  
AAU Sanctioned

Name of Club: \_\_\_\_\_ Gym Phone \_\_\_\_\_

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

**FAX:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_ **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 February 13, 2012**

# of gymnasts @ 57 = \_\_\_\_\_  
 Team \$35 after Feb. 3 = \_\_\_\_\_  
 Total = \_\_\_\_\_  
 Check # \_\_\_\_\_

**Send Association check only :**

Cartersville Twisters Booster Club  
 P. O. Box 200625  
 Cartersville, GA 30120  
 Fax: 770-573-3721  
 Tel: 770-387-5629

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