

Cartersville Twisters

Spring Fling 2012

March 2-4, 2012
USAG Sanctioned

Name of Club: _____ Gym Phone _____

Address _____ City/St/ZIP _____

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

Coach Contact phone number _____

Coach:	Coach:	Coach:
USAG #	USAG #	USAG #
USAG # Exp.	USAG # Exp.	USAG # Exp.
Safety Exp.	Safety Exp.	Safety Exp.
Background Exp.	Background Exp.	Background Exp.

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 February 13, 2012

_____ of gymnasts @ \$77 = _____
 Team: \$35 per level 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