

Cartersville Twisters

Winter Carnival 2011
December 3-4, 2011
USAG Sanctioned

Name of Club: _____ Gym Phone _____

Address _____ City/St/ZIP _____

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

| | | |
|-----------------|-----------------|-----------------|
| 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 | | | | | |
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| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |

Entry Deadline: Received November 21, 2011

____ gymnasts X \$65 = _____
No Team Fee
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