Cartersville T&T Invitational

2011 T&T Entry Form

Team Name:	
Team USAG #:	
Gym Address:	
City/State/Zip:	
Phone:	
Fax:	
email:	

USAG#	Coaches Name (last, first)	Safety ex

ATHLETES:

USAG #	Name (last, first)	Team	Gender	Birth year	Age group	TUM Tumbling	TR Trampoline	DM Double Mini
414603	*Smith, Jane*	*MyGym*	*f*	*94*	*13-14*	*5*	*8*	*9*

Total Athletes:	_____	x	45	One event	=	_____
	_____	x	50	Two events	=	_____
	_____	x	55	Three events	=	_____
			20	Team	=	
					Total $	

Please remit payment to:

Cartersville Flight Force BC
P.O. Box 200861 Cartersville, Ga. 30120