

Spring Fling 2009
 March 6-8, 2009
 USA Sanctioned

Name of Club: _____ Gym Phone _____
 Address _____ City/St/ZIP _____
FAX: _____ **E-Mail** _____ **Club No** _____
 Coach: _____ USAG No. _____ Safety Exp. _____
 Coach: _____ USAG No. _____ Safety Exp. _____
 Coach: _____ USAG No. _____ Safety Exp. _____
 Coach: _____ USAG No. _____ Safety Exp. _____
 Coach: _____ USAG No. _____ Safety 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, 2009

Send Association check only :
 Cartersville Twisters Booster Club
 P. O. Box 200625
 Cartersville, GA 30120

_____ of gymnasts @ \$75 = _____
 Team: _____ = 0
 Total = _____
 Check # _____