Competition Registration Form
Twistars USA 12th Annual Invitational
January 11-13, 2008

Club Name _____ Club USAG # _____ Contact Person _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Coach _____ USAG # _____ Safety # _____

Coach _____ USAG # _____ Safety # _____

Coach _____ USAG # _____ Safety # _____

When you are entering more than one team per level, please rank them as A, B, C

Gymnast Name	USAG#	Birth date	Age	M or F	Level	Team (A, B, C)

Make copies of this form as needed

Return this form along with an Entry Recap Form