

NOMINATIVE REGISTRATION – 10 november 2016

Delegation/Club: _____

Country: _____

Address: _____

Phone / Fax: _____

e-mail:/ web-site: _____

Contact person: _____

Judge: _____

Coach: _____

Gymnasts:

Name of gymnast	Date of birth	Category	Apparatus
1.			
2.			
3.			
4.			

Coach group: _____

Gymnasts group:

Name of gymnast	Date of birth	Category	Apparatus
1.			
2.			
3.			
4.			
5.			
6.			

Total number of person: _____

Means of transport (plane, car, bus, train) _____

How many people will live in hotel _____ (person)

Arrival
Time _____
Place _____
Flight № _____

Departure
Time _____
Place _____
Flight № _____

Gala: (yes/no) _____

Name of gymnasts: _____

Name of the performance: _____

Length of the performance: _____