

IX ACRO-GYMNASTICS OPEN "ANDALUCIA CUP"

(ANNEX I)

FILL A SHEET PER EACH TEAM PARTICIPANT (PAIR OR GROUP)

CLUB/FEDERATION: _____ C.I.F.: _____

ADDRESS: _____ POSTAL CODE: _____

CITY, STATE AND COUNTRY: _____

E-MAIL: _____ PHONE NUMBER: _____

ACROBATIC GYMNASTIC			
CATEGORY:	INFANTIL <input type="checkbox"/> <small>(7 - 14)</small>	CADETE <input type="checkbox"/> <small>(8 - 16)</small>	JUVENIL <input type="checkbox"/> <small>(9 - 16)</small>
	JUNIOR 1 <input type="checkbox"/> <small>(10 - 18)</small>	JUNIOR 2 <input type="checkbox"/> <small>(11 - 19)</small>	SENIOR <input type="checkbox"/> <small>(≥ 12)</small>
MODALITY:	WOMEN PAIR <input type="checkbox"/>	MEN PAIR <input type="checkbox"/>	MIXED PAIR <input type="checkbox"/>
	WOMEN GROUP <input type="checkbox"/>	MEN GROUP <input type="checkbox"/>	
ROUTINE :	BALANCE <input type="checkbox"/>	DYNAMIC <input type="checkbox"/>	COMBINED <input type="checkbox"/>

		FIRST AND LAST NAME	DATE OF BIRTH	ID OR PASSPORT	NACIONALITY	T-SHIRT SIZE
GYMNASTAS	1					
	2					
	3					
	4					
RESERVAS	1					

		FIRST AND LAST NAME	LEVEL	E-MAIL	T-SHIRT SIZE
COACHES	1				
	2				
JUDGES	1				
	2				
DELEGATE	1				

STAMP AND SIGNATURE

DATE:

SEND ANNEX I TO: acrogym.andaluciakup@gmail.com