**INTERNATIONAL TEAMGYM CUP 2017**

**KINGERSHEIM – France**

**November 4th 2017**

DEFINITIVE REGISTRATION

Club : ......................................................................Nation : ......................................

Team number : ……

We take part at :

International TEAMGYM Cup :

Senior Team : Mixed  Women  Men

Junior Team : Mixed  Women  Men

Youth Team :

International TRIO TEAMGYM Cup :

Youth Trio :

Junior Trio : Mixed  Women  Men

Senior Trio : Mixed  Women  Men

Name of athletes : Date of birth :

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

..................................................... .............................

Coach :

..................................................... .............................

..................................................... .............................

Judge :

..................................................... .....................................................

Level : Regional  National  International

Speak English : Yes  No

**INTERNATIONAL TEAMGYM CUP 2016**

**KINGERSHEIM – France**

**November 5th 2016**

DEFINITIVE REGISTRATION

Arrival (date, time, place) : ........................................................................................................................

Departure (date, time, place) : ..................................................................................................................

Mode of transport (car, minibus, flight, …) :..............................................................................................

Contact Person : .......................................................................................................................................

Address, Phone, Fax, E-Mail : ..................................................................................................................

Gymnastic Hall, c/o Younesse El Hariri, 4 Gounod street, F - 68260 Kingersheim

Tel : +33 (0)6 32 67 63 28, E-Mail: [luyufoo@hotmail.com](mailto:luyufoo@hotmail.com)