**INTERNATIONAL TEAMGYM**

 **SUMMER CAMP2018**

**Definitive registration**

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Name of club / team

**Team leader/coach**

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Name

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Address

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Phone Email

**NOMINATIVE registration** Please list all participants with their full name and date of birth. Indicate if the participant is a gymnast or coach. Confirm health insurance. If you are ordering t-shirt, specify the sizes.

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| --- | --- | --- | --- | --- | --- | --- |
| **N°** | **PARTICIPANT’S****NAME, SURNAME** | **BIRTH****DATE** | **GENDER****M = Male****F = Female** | **G = Gymnast****CO = Coach** | **T-SHIRT ORDER** **SIZE****(S/M/L/XL)** | **INSURANCE** |
| 1 |  |  |  |  |  |  |
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| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |