



# Gymnastics - Trampoline

## Competition Card - Qualifying Round



Gymnast's last name/family name

Gymnast's first name/given name

NOC

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

Competitor number

Start number

1st routine		Difficulty	Changes	Difficulty
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total difficulty			Total difficulty	

2nd routine		Difficulty	Changes	Difficulty
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total difficulty			Total difficulty	

Submitted/received

Date

D	D	M	M	Y	Y	Y	Y
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Time

		:			24-hour
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Signature of coach

Signature of OC

Check by difficulty judge

Please submit the form to the SID before

		:		
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on

D	D	M	M	Y	Y	Y	Y
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at the latest