



ARTISTIC GYMNASTICS

MAG confirmation of starting order and vault numbers for qualification competition



NOC		
Contact person	Name	
	Mobile Number	

Nbr	Gymnast's last name	Gymnast's first name	BIB #	License #					Vault's number			
									1	2		
1												
2												
3												
4												
5												

Date submitted		Time submitted	
Signatures	NOC representative	LOC representative	