



ARTISTIC GYMNASTICS

WAG 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