

Please put the starting order under the designated apparatus.







For CI on vault, also mention if the gymnast will present 1 or 2 vaults by either circling “1” or “2” (2 vaults for qualification for C-III).

Federation

Full Name Contact Person: Mr/Mrs

Phone:

E-mail:

Gymnast's Last Name	Gymnast's First Name	BIB #						
						1 2		
						1 2		
						1 2		
						1 2		
						1 2		
						1 2		

This form must be duly filled and returned to the Information Centre 24 hours prior to the start of CI at the latest

Date submitted

Time submitted

Signatures

Delegation Representative

CM Representative