

Each Head of Delegation or his/her substitute will be required to submit this form to the Information Centre a minimum of 24 hours prior to the requested date and time.

Federation

Full name Contact Person: Mr/Mrs  
Phone:  
E-mail:

### TO BE COMPLETED BY THE DELEGATION'S REPRESENTATIVE

Discipline

MAG ☐

WAG ☐

Number of Gymnasts

Date Training Requested

Time Period Requested

Signature

Submission Date

Submission Time

### TO BE COMPLETED BY COMPETITION MANAGEMENT

#### Request Approved/Modified

Number of Gymnasts

Date Training

Time Period Offered

Training Hall Allocated

Signature

#### Request Refused

Comments

Signature