****

 **XI International tournament at Wawel**

 **in Acrobatic Gymnastics, Trampoline, Tumbling, DMT**

Form to be sent to:

|  |
| --- |
| **Organizing Committee**  |
|  **Małopolski Związek Akrobatyki Sportowej w Krakowie****Contact: Starowolska Street 10, 30-231 Kraków** **e-mail:** **marek.starczynski@mzas.pl,**  |

**Deadline: 10th Fabruary 2024**

|  |
| --- |
| **Definitive registration** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Federation** |  | **Contact person:** |  |
| **Phone:** |  |
| **E-mail:** |  |

|  |  |
| --- | --- |
| **Category** | **Age category and number****Number** |
|  | Women | Men |
| Head of Delegation  |  |  |
| Team Manager  |  |  |
| Judge  |  |  |
| Coach  |  |  |
| Competitors: | 11-16 | 12-18 | 13-19 | Senior |
| Women’s Pairs  |  |  |  |  |
| Men’s Pairs  |  |  |  |  |
| Mixed Pairs  |  |  |  |  |
| Women’s Groups |  |  |  |  |
| контурыMen’s Groups |  |  |  |  |
| Category | Under - 12 | Under -14 | Under - 16 | Senior |
| Gymnasts Tumbling women |  |  |  |  |
| Gymnasts Tumbling men’s |  |  |  |  |
| Gymnasts Trampoline women |  |  |  |  |
| Gymnasts Trampoline men’s |  |  |  |  |
| Gymnasts DMT women |  |  |  |  |
| Gymnasts DMT men’s |  |  |  |  |

Тotal number of competition ……………………….
Number of officials ……………………….

Total number of delegation ……………………….

|  |  |  |
| --- | --- | --- |
| **Place and date**  | **Seal of the NF** | **NF authorised signature** |
|  |  |  |

Name list

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Surname and Name** | **Category (for example: TUM men, mixed pair 1)** | **Age Category****(for example: under 12, 13-14)** | **Data of birth** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |