**24th International RG Tournament**

**“Kalamata’s Cup 2016”**

**April 22-24, 2016**

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Form to be sent to:

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| **Organizing Committee / Host Federation** |
| **-** Filogymnastikos Omilos Kalamatas  East Centre 14,Kalamata 24100  **-** Tel: 0030 6980162999  **-** e-mail : [f.o.kalamatas@hotmail.com](mailto:st4.k@hotmail.com) [st4.k@hotmail.com](mailto:st4.k@hotmail.com)  **-** Website: [www.fok.gr](http://www.gymnastics.gr) |

**Deadline: March 24TH, 2016**

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| **Nominative registration** |

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

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| --- | --- | --- | --- |
| **INDIVIDUAL SENIORS** | | | |
| **Function** | **Last Name** | **First Name** | **Date of Birth** |
| **Individual Gymnast 1** |  |  |  |
| **Individual Gymnast 2** |  |  |  |
| **Individual Gymnast 3** |  |  |  |
| **Individual Gymnast 4** |  |  |  |
| **Coach 1** |  |  |  |
| **Coach 2** |  |  |  |
| **Judge** |  |  |  |
| **Doctor** |  |  |  |
| **Physiotherapist** |  |  |  |
| **Team Manager** |  |  |  |
| **Head of Delegation** |  |  |  |
| **INDIVIDUAL JUNIORS** | | | |
| **Function** | **Last Name** | **First Name** | **Date of Birth** |
| **Individual Gymnast 1** |  |  |  |
| **Individual Gymnast 2** |  |  |  |
| **Individual Gymnast 3** |  |  |  |
| **Individual Gymnast 4** |  |  |  |
| **Coach 1** |  |  |  |
| **Coach 2** |  |  |  |
| **Judge** |  |  |  |
| **Doctor** |  |  |  |
| **Physiotherapist** |  |  |  |
| **Team Manager** |  |  |  |
| **Head of Delegation** |  |  |  |
| **SENIOR GROUP** | | | |
| **Function** | **Last Name** | **First Name** | **Date of Birth** |
| **Group Gymnast 1** |  |  |  |
| **Group Gymnast 2** |  |  |  |
| **Group Gymnast 3** |  |  |  |
| **Group Gymnast 4** |  |  |  |
| **Group Gymnast 5** |  |  |  |
| **Group Gymnast 6** |  |  |  |
| **Coach** |  |  |  |
| **Coach** |  |  |  |
| **Judge** |  |  |  |
| **Doctor** |  |  |  |
| **Physiotherapist** |  |  |  |
| **Team Manager** |  |  |  |
| **Head of Delegation** |  |  |  |
| **JUNIOR GROUP** | | | |
| **Function** | **Last Name** | **First Name** | **Date of Birth** |
| **Group Gymnast 1** |  |  |  |
| **Group Gymnast 2** |  |  |  |
| **Group Gymnast 3** |  |  |  |
| **Group Gymnast 4** |  |  |  |
| **Group Gymnast 5** |  |  |  |
| **Group Gymnast 6** |  |  |  |
| **Coach** |  |  |  |
| **Coach** |  |  |  |
| **Judge** |  |  |  |
| **Doctor** |  |  |  |
| **Physiotherapist** |  |  |  |
| **Team Manager** |  |  |  |
| **Head of Delegation** |  |  |  |

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| **Place and date** | **Seal of the NF** | **NF authorised signature** |
|  |  | Signature of the President or Secretary General of the participating FIG affiliated NF |
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