

OPENTREBOADA CIDADE DO LÉREZ



PROVISIONAL ENTRY

Club / Federation: _____

Contact Person: _____

Phone: _____ Email: _____

	WP	MP	MPX	WG	MG	Thursday 23rd	Friday 24th	Saturday 25th	COACH / STAFF
SUB-16									
ABSOLUTO									

Write how many teams you'd like to inscribe in each category and modality

Write how many teams you'd like to participate each day

Write how many coaches or staff you'd like to inscribe

- Each inscription includes the performance of 2 routines in one day.
- If you want to perform 2 more routines (the same or another ones) you can make a second inscription.
- Gymnasts outside Galicia will have priority for FRIDAY and SATURDAY QUALIFICATIONS
- Send this PROVISIONAL ENTRY to: opentreboada@gmail.com until **20th of JANUARY**