



Sokol Grand Prix de Gymnastique Brno 2018
Brno, Czech Republic
24th November, 2018



Tj Sokol Brno I / Czech Gymnastic Federation
Czech Gymnastics Federation Zatopkova 100/2, P.O. Box 40, 16017 Praha 6 Phone: +420 242 429 260 e-mail: cgf@gymfed.cz http://www.gymfed.cz contact person: Zuzana Vojackova, +420 602 681 521

DEADLINE: 24TH SEPTEMBER 2018

DEFINITIVE REGISTRATION

FEDERATION			
CONTACT PERSON	LAST NAME:	FIRST NAME:	
ADDRESS	STREET:		POST OFFICE BOX:
	ZIP/POSTCODE:	PLACE:	COUNTRY:
TELEPHONE / FAX	TELEPHONE:	MOBILE:	FAX:
E-MAIL			

WE WILL PARTICIPATE **YES** **NO**

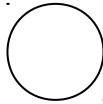
GYMNAST PAIRS **YES** **NO** **NUMBER**

MAG COACHES **YES** **NO** **NUMBER**

WAG COACHES **YES** **NO** **NUMBER**

MAG JUDGES **YES** **NO** **NUMBER**

WAG JUDGES **YES** **NO** **NUMBER**

PLACE AND DATE	SEAL OF THE NF	NF AUTHORISED SIGNATURE
.....	 Signature of the President or Secretary General of the FIG affiliated NF.



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FIG EVENT ID
FORM TO BE SENT TO:

ORGANIZING COMMITTEE/HOST FEDERATION
Czech Gymnastics Federation Zatopkova 100/2, P.O. Box 40, 16017 Praha 6 Phone: +420 242 429 260 e-mail: cgf@gymfed.cz http://www.gymfed.cz contact person: Zuzana Vojackova, +420 602 681 521

DEADLINE: 24TH OCTOBER 2018

NOMINATIVE ENTRY

FEDERATION	
CONTACT PERSON	
ADDRESS	
TELEPHONE / FAX	
E-MAIL	

FUNCTION	NAME & FIRST NAME	DATE OF BIRTH	Gymnasts/judges ID number
GYMNAST 1			
GYMNAST 2			
GYMNAST 3			
GYMNAST 4			
GYMNAST 5			
GYMNAST 6			
COACH 1			
COACH 2			
JUDGE 1			
JUDGE 2			
GYMNAST RESERVE			
DRIVER			
HEAD OF DELEGATION			
TOTAL MEMBERS OF DELEGATION			

PLACE AND DATE	SEAL OF THE NF	NF AUTHORISED SIGNATURE
		Signature of the President or Secretary General of the FIG affiliated NF.



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[e-mail: cgf@gymfed.cz](mailto:cgf@gymfed.cz)
 contact person: Zuzana Vojackova, 602 681 521

Deadline: October 24th 2018

TRAVEL SCHEDULE FORM

Federation	Contact person:	
	Phone:	
	E-mail:	

If the team delegation is scheduled on more than one transportation mean, please complete one (1) form for each transportation mean. For earlier arrival or later departure please contact the OC.

Arrival information					
# of persons		# of luggage			
Date:		Arrival time			
<input type="checkbox"/> By airplane	Airport:		Flight #	From	
<input type="checkbox"/> By train	Station:		Train #	From	
<input type="checkbox"/> By bus <small>(complete if needed)</small>	Station:		Bus #	From	
<input type="checkbox"/> By car					

Departure information					
# of persons		# of luggage			
Date:		Departure time			
<input type="checkbox"/> By airplane	Airport:		Flight #	To	
<input type="checkbox"/> By train	Station:		Train #	To	
<input type="checkbox"/> By bus <small>(complete if needed)</small>	Station:		Bus #	To	
<input type="checkbox"/> By car					

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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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24th September, 2018



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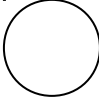
Deadline: September 24th, 2018

VISA REQUEST FORM

Federation		Contact person:	
		Phone:	
		E-mail:	

LAST NAME, First name	Function	Gender M/F	Date of birth dd.mm.yyyy	Citizenship and passport N°	Passport expiry date	Arrival date	Departure date	City*

* city where the visa application support letter must be sent to

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