



Form to be sent to:

				Organiz	zing Committee / Host F	ederation			
Romaniar	Rhythmic Gym	nastics Federation							
Contact p	erson: DIMA Ga	briel							
Tel:	+40.21.3170070);							
	office@frgr.ro								
				C	Deadline: January 27 th 20)19			
				ACC	OMMODATION	FORM			
			Contact pe	erson:					
Federation			Phone:						
			E-mail:						
Dookse	o / Hotel name	Room type	Aur day	Dent dev	LAST NAME,	Function	Price per	# of mights	Total
Раскад	e / Hotel name	Room type (i.e. single/double/triple/quadruple)	Arr. day	Dept. day	First Name	Function	person per night	# of nights	Total
							GRAND TO	TAI	
							GRAND TO	IAL	
Special re	quirements								
	Pla	ce and date			Seal of the NF		NF authorised s	signature	
						Signature of the	President or Secretary Gener	al of the participating	FIG affiliated NF





Signature of the President or Secretary General of the participating FIG affiliated NF

Form to be sent to:

Romanian Rhythmic Gymnastics Federation

Contact person: DIMA Gabriel +40.21.3170070;

E-mail: office	<u>@trgr.</u>	<u>.ro</u>				
			Deadline: Janu	ary 27 th 20	19	
		D	EFINITIVE RE	GISTR	ATION	
				1		
			ontact person:			
Federation		Pł	none:			
		E-	mail:			
Individu		ual competition	Group competition		Total	
Judge						
Coach						
Gymnasts						
Additional Pe	erson					
Place	and da	ate	Seal of the NF		NF authorise	d signature







Form to be sent to:

Organizing	Committee /	/ Host	Federation
Organizing		11031	i caci atioi

Romanian Rhythmic Gymnastics Federation Contact person: DIMA Gabriel Tel: +40.21.3170070; E-mail: office@frgr.ro

Deadline: February 27th 2019

MEALS FORM

		Contact person:	
Federation		Phone:	
		E-mail:	

Date	Meal	Number (at xxx/person)
27.03	Lunch (if any)	
27.03	Dinner (if any)	
28.03	Lunch (if any)	
28.03	Dinner (if any)	
29.03	Lunch (if any)	
29.03	Dinner (if any)	
30.03	Lunch (if any)	
30.03	Dinner (if any)	
31.03	Lunch (if any)	
31.03	Dinner (if any)	
1.04	Lunch (if any)	
1.04	Dinner (if any)	
Banquet (complete if applicable)	Number:	
	TOTAL	

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







			Form	n to be	sent to:				
		(Organizing Co	mmitte	ee / Host F	ederation			
Contact pers	on: DIMA 0 0.21.31700	abriel	ics Federation	1					
			Deadline:	Febru	ary 27 th 20)19			
		N	OMINATIV						
		Co	ntact person:						
Federation			one:						
		E-r	mail:						
Gymnasts – In	dividual Co	mpeti	tion						
First name		Fami	ly name	Date	of birth	Gymnasts I	D number	Category	
Gymnasts – G	roup Comp	etition							
First na	ame		Family name		Date	of birth	Gymnasts ID number		
Officials									
			Name		Number	of persons	Judge(s) ID	number	
Coach(es)									
Judge(s)									
Additional P	erson(s)								
Place	and date		Seal o	f the N	IF	NF authorised signature			
						Signature of the F	resident or Secret	ary General of the	







Signature of the President or Secretary General of the participating FIG affiliated NF

	Form to be sent to:									
		Organizing C	Commi	ttee /	Host Fe	deration				
Contact pers Tel: +4	Romanian Rhythmic Gymnastics Federation Contact person: DIMA Gabriel Tel: +40.21.3170070; E-mail: office@frgr.ro									
	Deadline: February 27 th 2019									
TRAVEL SCHEDULE FORM										
		Contact person	1:							
Federation		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 info	rmation									
# of persons				# 0	of luggage	e				
Date:					Arrival time					
By airplane	Airport:		Flight #				From	1		
By train	Station:		Trai	n #			From	1		
By car								,		
Departure i	information	1								
# of persons			# of luggage			e				
Date:					Departu	re time				
By airplane	Airport:		Fligh	nt#			То			
By train	Station:		Train #				То			
By car										
Local transport cost (complete if applicable)			Number at XXX/person				Total			
Place	Sea	Seal of the NF NF authorised signature					gnature			







Form to be sent to:

				0	rganizii	ng Committee / Host Fed	eration			
		nastics Federati	on							
Contact pers	son: DIMA Ga	briel								
	0.21.317007	0;								
E-mail: off	fice@frgr.ro									
					De	adline: January 27 th 2019)			
					VIS	A REQUEST FOR	RM			
			Contact	nerson:						
Federation			Phone:	3013011.						
reueration										
			E-mail:							
LAST NAME, Function Gender Date of M/F dd.mm						Citizenship and	Passport expiry	Arrival date	Departure date	City*
FIRST	name		M/F	dd.mm.	.уууу	passport N°	date		•	
									where the visa application s	upport letter must be sent t
Place and date						Seal of the NF		NF author	ised signature	
							Signature of the P	resident or Secretary	General of the participatir	ng FIG affiliated NF