

International Junior Rhythmic Gymnastics Tournament
Individuals & Groups
St. Petersburg, Russia, 22 – 23 March 2019

P E A R L S



Form to be sent to:

Host Federation
St. Petersburg Rhythmic Gymnastics Federation 16 A Petrovsky Pr., . St. Petersburg 197110 Russia Phone: +7 812 230-65-98 Fax: +7 812 230-65-98 e-mail: sfhg-spb@yandex.ru

Deadline: 11.03.2019

ACCOMMODATION FORM

Federation	Contact Person:
	Phone:
	E-mail:

Package / Hotel name	Room type <small>(i.e. single/double/triple/quadruple)</small>	Arr. day	Dept. day	LAST NAME, First Name	Function	Price per person per night	# of nights	Total
GRAND TOTAL								

Special requirements	
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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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Deadline: 11.03.2019

MEALS FORM

Federation		Contact person:	
		Phone:	
		E-mail:	

Date	Meal	Number (at xxx/person)
Insert Date	Lunch (if any)	
	Dinner (if any)	
Insert Date	Lunch (if any)	
	Dinner (if any)	
Insert Date	Lunch (if any)	
	Dinner (if any)	
Insert Date	Lunch (if any)	
	Dinner (if any)	
Insert Date	Lunch (if any)	
	Dinner (if any)	
Insert Date	Lunch (if any)	
	Dinner (if any)	
Insert Date	Lunch (if any)	
	Dinner (if any)	
TOTAL		

Place and date	Seal of the NF	NF authorised signature
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Deadline: 11.03.2019

NOMINATIVE REGISTRATION

Federation	Contact person:
	Phone:
	E-mail:

International Junior Tournament (individuals)	
1. individual gymnast:	Date of Birth
Coach:	
Judge:	

International Junior Tournament (Group)	
2. Group gymnast:	Date of Birth
Coach:	
Judge:	

Extra persons:	

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Deadline: 14.03.2019

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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Deadline: 11.03.2019

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

Special requirements	
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