



**BRNO – GRAND-PRIX – 2019  
TART CUP  
BRNO, CZECH REPUBLIC  
08 - 09 June 2019**



Form to be sent to:

**Organizing Committee**

SK TART Moravská Slavia Brno  
Vojtova 14, 639 00 Brno, Czech Republic  
Phone: +420 602 500 535, +420 775 062 246  
e-mail: [bmlejnkova@volny.cz](mailto:bmlejnkova@volny.cz), [info@csmg.cz](mailto:info@csmg.cz)

**Deadline: 10.05.2019**

**ACCOMMODATION FORM**

<b>Federation</b>	<b>Contact person:</b>	
	<b>Phone:</b>	
	<b>E-mail:</b>	

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
<b>GRAND TOTAL</b>								

**Special requirements**

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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Form to be sent to:

**Organizing Committee / Host Federation**

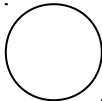
SK TART Moravská Slavia Brno  
Vojtova 14, 639 00 Brno, Czech Republic  
Phone: +420 602 500 535, +420 775 062 246  
e-mail: [bmlejnkoval@volny.cz](mailto:bmlejnkoval@volny.cz), [info@csmg.cz](mailto:info@csmg.cz)

**Deadline: 15.04.2019**

**DEFINITIVE REGISTRATION**

<b>Federation</b>	<b>Contact person:</b>	
	<b>Phone:</b>	
	<b>E-mail:</b>	

<b>Position</b>	<b>Number of persons</b>
Individual gymnast	
Coach:	
Judge:	
<b>Extra persons:</b>	

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



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**FORM TO BE SENT TO:**

**ORGANIZING COMMITTEE / HOST FEDERATION**

SK TART Moravská Slavia Brno  
Vojtova 14, 639 00 Brno, Czech Republic  
Phone: +420 602 500 535, +420 775 062 246  
e-mail: [bmlejnkova@volny.cz](mailto:bmlejnkova@volny.cz), [info@csmg.cz](mailto:info@csmg.cz)

**DEADLINE: 10.05.2019**

**NOMINATIVE ENTRY FORM**

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

1 individual gymnast:	Date of Birth	Gymnast / Judges ID number
2 individual gymnast:	Date of Birth	
3 individual gymnast:	Date of Birth	
4 individual gymnast:	Date of Birth	
Coach:		
Judge:		
<b>Extra persons:</b>		

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: [bmlejnkova@volny.cz](mailto:bmlejnkova@volny.cz), [info@csmg.cz](mailto:info@csmg.cz)

**Deadline: 10.05.2019**

**TRAVEL SCHEDULE FORM**

<b>Federation</b>	<b>Contact person:</b>	
	<b>Phone:</b>	
	<b>E-mail:</b>	

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 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 car			

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





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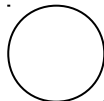
**Deadline: 10.4.2019**

**VISA REQUEST FORM**

<b>Federation</b>	<b>Contact person:</b>	
	<b>Phone:</b>	
	<b>E-mail:</b>	

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