

AGN CUP 2017
International tournament in rhythmic gymnastics
Maia / PORTUGAL
29-30 APRIL 2017



DEFINITIVE REGISTRATION FORM

DEADLINE: 01.03.2017

FEDERATION		Team/Club:	
		Contact person:	
		Phone:	
		E-mail:	

WE WILL PARTICIPATE ON YOUR TOURNAMENT WITH:			Number of gymnasts, coaches ...
	GYMNASTS	JUNIOR	
		SENIOR	
	Coach		
	Judge		1
	Extra-persons		
	TOTAL PERSONS:		

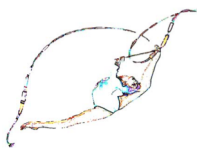
Please send to:
agncup@agn.pt

(Place and date)

(Signature & name)

Send before 01.03.2017





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NOMINATIVE FORM

DEADLINE: 01.04.2017

FEDERATION		Team/Club:	
		Contact person:	
		Phone:	
		E-mail:	

	NAME, FAMILY NAME	DATE OF BIRTH	FUNCTION	AGE CATEGORY
1.			GYMNAST	
2.			GYMNAST	
3.			GYMNAST	
4.			GYMNAST	
5.			COACH	—
6.			JUDGE	BREVET
7.			EXTRA-PERSON	—
8.			EXTRA-PERSON	—

Please send to:
agncup@agn.pt

(Place and date)

(Signature & name)

Send before 01.04.2017





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TRAVEL SCHEDULE FORM

DEADLINE: 01.04.2017

FEDERATION		Team/Club:	
		Contact person:	
		Phone:	
		E-mail:	

	ARRIVAL Oporto Airport (OPO)
DATE	
TIME	
FLYING FROM	
NUMBER OF FLIGHT	

	DEPARTURE Oporto Airport (OPO)
DATE	
TIME	
FLYING TO	
NUMBER OF FLIGHT	

Please send to:
agncup@agn.pt

(Place and date)

(Signature & name)

Send before 01.04.2017





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VISA APPLICATION FORM

DEADLINE: 01.03.2017

FEDERATION	Team/Club:	
	Contact person:	
	Phone:	
	E-mail:	

	FULL NAME	NATIONALITY	BIRTHDAY DATE	PASSPORT NUMBER	EXPIRY DATE OF PASSPORT
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Nearest Portuguese embassy (or embassy where you will ask for the visas):

Your adress: _____

Please send to:

agncup@agn.pt

(Place and date)

(Signature & name)

Send before 01.03.2017

