



Rhythmic Gymnastics

Equipment check - Group exercise






NOC

Date and time:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H	H	:	M	M
---	---	---	---	---

24-hour

Apparatus	Description of the apparatus	Quantity	Signature of the measurer	Signature of the athlete/coach
				
				
				
Leotard				