

FIG INTERNATIONAL COMPETITION INVITATION



THE OLYMPIC HOPE 'S CUP 2011 LIBEREC /CZECH REPUBLIC 28-30 OCTOBER 2011



FIG EVENT ID ????

FORM TO BE SENT TO:

ORGANIZING COMMITTEE/HOST FEDERATION

Czech Gymnastics Federation
Zatopkova 100/2, 160 17 Praha 6, Czech Republic
Tel./ Fax: +420 242 429 260, E-mail: cgf@cstv.cz
<http://gymnastika.cstv.cz>

DEADLINE: 31ST AUGUST 2011

DEFINITIVE ENTRY

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

WE WILL PARTICIPATE

YES

NO

MALE GYMNASTS

YES

NO

NUMBER

FEMALE GYMNASTS

YES

NO

NUMBER

MAG COACHES

YES

NO

NUMBER

WAG COACHES

YES

NO

NUMBER

MAG JUDGES

YES

NO

NUMBER

WAG JUDGES

YES

NO

NUMBER

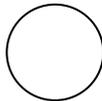
PLACE AND DATE	SEAL OF THE NF	NF AUTHORISED SIGNATURE
.....		<p>.....</p> <p>Signature of the President or Secretary General of the FIG affiliated NF.</p>

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DEADLINE: 30TH SEPTEMBER 2011

NOMINATIVE ENTRY – WAG

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

FUNCTION	NAME & FIRST NAME	DATE OF BIRTH
GYMNAST 1		
GYMNAST 2		
GYMNAST 3		
GYMNAST 4		
GYMNAST 5		
GYMNAST 6		
COACH 1		
COACH 2		
JUDGE 1		
JUDGE 2		
OTHERS		
OTHERS		
HEAD OF DELEGATION		
TOTAL MEMBERS OF DELEGATION		

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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DEADLINE: 30TH SEPTEMBER 2011

NOMINATIVE ENTRY – MAG

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

FUNCTION	NAME & FIRST NAME	DATE OF BIRTH
GYMNAST 1		
GYMNAST 2		
GYMNAST 3		
GYMNAST 4		
GYMNAST 5		
GYMNAST 6		
COACH 1		
COACH 2		
JUDGE 1		
JUDGE 2		
OTHERS		
OTHERS		
HEAD OF DELEGATION		
TOTAL MEMBERS OF DELEGATION		

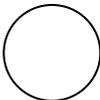
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.....		<p align="center">.....</p> <p align="center">Signature of the President or Secretary General of the FIG affiliated NF.</p>

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DEADLINE: 30TH SEPTEMBER 2011

ACCOMMODATION FORM

FEDERATION	CONTACT PERSON : PHONE: E-MAIL:
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ARR. DAY	DEP. DAY	FULL NAME(S)	FUNCTION	PRICE PER PERSON	TOTAL

SPECIAL REQUIREMENTS

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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DEADLINE: 15TH SEPTEMBER 2011

VISA REQUEST FORM

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

FUNCTION	FULL NAME	GENDER R M/F	DATE OF BIRTH	CITIZENSHIP AND PASSPORT N°	PASSPORT EXPIRY DATE	ARRIVAL DATE	DEPARTURE DATE

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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DEADLINE: 30TH SEPTEMBER 2011

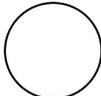
TRAVEL SCHEDULE FORM

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

If the team delegation is scheduled on more than one flight, please complete one (1) form for each flight.
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	TRAIN STATION		TRAIN #		FROM
<input type="checkbox"/> BY BUS	BUS 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	TRAIN STATION		TRAIN #		TO
<input type="checkbox"/> BY BUS	BUS STATION		BUS #		TO
<input type="checkbox"/> BY CAR					

PLACE AND DATE	SEAL OF THE NF	NF AUTHORISED SIGNATURE
.....	 Signature of the President or Secretary General of the FIG affiliated NF.