

Club registration

Club name _____

Person responsible _____

Comments

- Please fill in the information sheet for every start.
- Fill in substitution starter at last, but without empty lines.

Information to the start

Level	Category	Age Group
<input type="checkbox"/> Aerobic adults	<input type="checkbox"/> Individual	<input type="checkbox"/> AG 6-8
<input type="checkbox"/> Aerobic Level 1	<input type="checkbox"/> Pair	<input type="checkbox"/> AG 6-11 *
<input type="checkbox"/> Aerobic Level 2	<input type="checkbox"/> Trio	<input type="checkbox"/> AG 9-11
<input type="checkbox"/> Aerobic Level 3	<input type="checkbox"/> 4-5 Team	<input type="checkbox"/> AG 12-14
<input type="checkbox"/> Aerobic Dance	<input type="checkbox"/> 6-12 Team	<input type="checkbox"/> AG 12-17 *
<input type="checkbox"/> Aerobic Step		<input type="checkbox"/> AG 15-17
_____		<input type="checkbox"/> AG 18+
_____		<input type="checkbox"/> AG 6-11 m
		<input type="checkbox"/> AG 12 + m

*only for Aerobic Step and Aerobic Dance

Athletes

No.	First Name	Surname	Year of birth
1			
2			
3			

4

5

6

7

8

9

10

11

12

13

14

Additional details

Music title _____

Coach _____

An application for the acceptance of the elements with the value of 0.1 and 0.2 at the Aerobic adult's competition will be filed.