**2nd Cunit International Open Competition 2025
Aerobic Gymnastics - Age Groups & Seniors**

**Cunit - Tarragona - Spain**

**from 20th to 22th of June**

Form to be sent to:

| **Organizing Committee** |
| --- |
| CLUB GIMNÁSTICA CALAFELL Calle del aire s/n, 43820 Calafell - SpainContact Person: Patricia Lopez Mobile Phone: +34 674 15 68 28E-mail: cunitopenaer@gmail.com Website: www.clubgimnasticacalafell.com/  |

**Deadline: 20th of May of 2025**

| **Nominative Entry Form****(No maximum number of participants by nation, category or age group)** |
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| **Club** |  |
| --- | --- |
| **Contact Person** | Last name:  | First name: |
| **Address** | Street: | Post Office Box:  |
| ZIP/Postcode:  | Place: | Country:  |
| **Telephone / Fax** | Telephone:  | Mobile:  | Fax:  |
| **E-mail** |  |

Please insert more lines as necessary!

| **SENIORS** |
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| **Category** | **Name** | **FIG License Number** | **Gender****M/F** |
| Individual Woman 1 |  |  | F |
| Individual Woman 2 |  |  | F |
| Individual Men 1 |  |  | M |
| Individual Men 2 |  |  | M |
| Mixed pair 1 |  |  |  |
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| Mixed pair 2 |  |  |  |
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| Trio 1 |  |  |  |
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| Trio 2 |  |  |  |
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| Group 1 |  |  |  |
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| Group 2 |  |  |  |
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| AERODANCEGROUP 1 |  |  |  |
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| AERODANCEGROUP 2 |  |  |  |
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| **JUNIORS (15-17 years)** |
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| **Category** | **Name** | **FIG License Number** | **Gender****M/F** |
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| Individual Woman 1 |  |  | F |
| Individual Woman 2 |  |  | F |
| Individual Men 1 |  |  | M |
| Individual Men 2 |  |  | M |
| Mixed pair 1 |  |  |  |
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| Mixed pair 2 |  |  |  |
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| Trio 1 |  |  |  |
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| Trio 2 |  |  |  |
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| **YOUTH (12-14 years)** |
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| **Category** | **Name** | **FIG License Number** | **Gender****M/F** |
| --- | --- | --- | --- |
| Individual Woman 1 |  |  | F |
| Individual Woman 2 |  |  | F |
| Individual Men 1 |  |  | M |
| Individual Men 2 |  |  | M |
| Mixed pair 1 |  |  |  |
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| Mixed pair 2 |  |  |  |
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| Trio 1 |  |  |  |
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| Trio 2 |  |  |  |
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| AERODANCEGROUP 2 |  |  |  |
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Please insert more lines as necessary!

| **National Development (9-11 years)** |
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| **Category**  | **Name**  | **Sex M/F** |
| Individual Woman 1  |  | F |
| Individual Woman 2  |  | F |
| Individual Men 1  |  | M |
| Individual Men 2  |  | M |
| Mixed pair 1 |  |  |
|  |  |
| Mixed pair 2 |  |  |
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| Trio 1 |  |  |
| Trio 2 |  |  |
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| Group 1 |  |  |
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| Group 2 |  |  |
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| **Head of Delegation name** |  |  |
| --- | --- | --- |
| **Team Manager name** |  |  |
| **Coaches Names** |  |  |
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| **Judges names, Number & categories** |  | **Cat.** |
|  | **Cat.** |
| **Doctor / Physiotherapist** |  |  |

| **Place and date**  | **Seal of the NF** | **Authorized signature** |
| --- | --- | --- |
| ……………………………………………. |  | ……………………………………………..Signature of the President or Secretary General of Club |