



Provisional registration

TRAINING CAMP TRAMPOLINE GYMNASTICS (TRA, DMT & TUM)

Cascais, POR, 30.07. - 06.08.2017

To return to UEG Secretariat, info@ueg.org, deadline: 15.03.2017

The National Federation of _____

suppose to participate with following number of participants:

	TRA only	DMT only	TRA+DMT	TUM	TOTAL
Coaches					
Gymnasts					
Total					

and use following accommodation:

Room type	No of rooms	No of persons
Hotel Inatel		
Quadruple room		
Triple room		
Double room (limited)		
Single room (very limited)		
Guest House Abla (limited capacity)		
Quintuple room		
Quadruple room		
Double room		
Single room		
Total		

Date: _____

Signature: _____

(If you have the entry data earlier, don't wait for the deadline please and send your inscription earlier)



Definitive registration

TRAINING CAMP TRAMPOLINE GYMNASTICS (TRA, DMT & TUM)

Cascais, POR, 30.07. - 06.08.2017

To return to UEG Secretariat, info@ueg.org, deadline: 30.04.2017

The National Federation of _____

enters following number of participants:

	TRA only	DMT only	TRA+DMT	TUM	TOTAL
Coaches					
Gymnasts					
Total					

Accommodation and participation fee:

Room type	No of rooms	No of persons	Participation fee per person €	Participation fee total €
Hotel Inatel				
Quadruple room			€ 400	
Triple room			€ 420	
Double room (limited)			€ 430	
Single room (very limited)			€ 450	
Guest House Abla (limited capacity)				
Quintuple room			€ 400	
Quadruple room			€ 450	
Double room			€ 500	
Single room			€ 580	
Total			X	

(to be paid until 31.5.2017)

Date: _____

Signature: _____

(If you have the entry data earlier, don't wait for the deadline please and send your inscription earlier)



Nominative registration

TRAINING CAMP TRAMPOLINE GYMNASTICS (TRA, DMT & TUM)

Cascais, POR, 30.07. - 06.08.2017

To return to UEG Secretariat, info@ueg.org, deadline: 30.06.2017

The National Federation of _____

Coach(es):

	Name, first name	Female /Male	TRA/DMT/ TUM	T-shirt size
1.				
2.				
3.				

(add more lines, if necessary)

Gymnasts:

	Name, first name	Birth date	Female /Male	TRA/DMT/ TUM	T-shirt size
1.					
2.					
3.					
4.					
5.					
6.					

(add more lines, if necessary)

Travel plan:

	Date	Time	By	Flight/Line	Persons
Arrival					
Departure					

(add more lines, if necessary)

Date: _____

Signature: _____

(If you have the entry data earlier, don't wait for the deadline please and send your inscription earlier)