

# Application form

ASSOCIATION (SPORT CLUB, STUDIO): \_\_\_\_\_

NAME: \_\_\_\_\_

PLACE OF BIRTH AND DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PARENT IN CASE OF MINOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## CATEGORY

SELECT CATEGORY BY SYMBOL 'X'

PERSONAL SILK (MAN)

SYNC SILK (2-5 PERSON)

PERSONAL SILK (WOMAN)

PERSONAL AERIAL HOOP

DUO SILK

DUO AERIAL HOOP

IN CASE OF DUO AND SYNC PLEASE LIST THE NAME OF OTHER COMPETITORS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## AGE RANGE

IN CASE OF DUO AND SYNC YOU HAVE TO QUALIFY TO THE AGE RANGE OF OLDEST COMPETITOR !

JUNIOR (AGE OF 9-15)

ADULT (AGE OF 16-)

**I READ AND ACCEPTED THE RULES OF ASSOCIATION!**

DATE:

\_\_\_\_\_  
SIGNITURE OF COMPETITOR

\_\_\_\_\_  
SIGNITURE OF PARENT

Aerial Acrobatics World Championship

