

XACOBEO XIMNASIA RÍTMICA

IV Torneo e V Gala Internacional | VIRAVOLTA JAEL

15 e 16 de Novembro 2025 (data provisional)

Multiusos Fontes do Sar 15702 Santiago de Compostela, Galicia (Spain)

REGISTRATION SHEET

*Hoja de inscripción*

|  |  |
| --- | --- |
| CLUB NAME  *Nombre del club* |  |
| E-MAIL  *E-mail* |  |
| COUNTRY/STATE  *País/Comunidad Autónoma* |  |
| PHONE NUMBER  *Teléfono* |  |
| COACH 1 NAME AND LICENSE NUMBER  *Nombre y nºlicencia de entrenador/a 1* |  |
| COACH 2 NAME AND LICENSE NUMBER  *Nombre y nºlicencia de entrenador/a 2* |  |
| COACH 3 NAME AND LICENSE NUMBER  *Nombre y nºlicencia de entrenador/a 3* |  |
| TOTAL NUMBER OF PARTICIPATING GYMNASTS  *Número total gimnastas participantes* |  |

# TEAMS

*Conjuntos*

|  |  |
| --- | --- |
| TEAMS  (Nivel Base y Absoluto) | |
| CATEGORY +LEVEL  *Categoría y Nivel(Base/Absoluto)* | TOTAL NUMBER TEAM  *Nºde componentes*  *del equipo.* |
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# INDIVIDUAL

*Individual*

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| INDIVIDUAL WOMAN COMPETITION  *Competición individual femenina* | | | | | |
| CATEGORY  *Categoría* | APPARATUS  *Aparato* | Name and surname Nombre y apellidos | Level  *Nivel* | ID  number  *NIF* | BIRTH DATE  *Fecha*  *nacimiento* |
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| INDIVIDUAL MAN COMPETITION  *Competición individual masculina* | | | | | |
| CATEGORY  *Categoría* | APPARATUS  *Aparato* | Name and surname Nombre y apellidos | License number  *Nº licencia* | ID  number  *NIF* | BIRTH DATE  *Fecha*  *nacimiento* |
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