**25/7 – 3/8 2024, Lingvallen, Sverige**

**Nominativ anmälan/Nominative**

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| --- | --- |
| **Klubb/Land/Clubb/Land:** |  |
| **Kontaktperson/Contact person:** |  |
| **E-mail:** |  |
| **Telefonnummer/Telephone number:** |  |

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| **Namn/Name:** | **Ålder/Age:** | **Tränare**  **Gymnast/övrigt** | **Alternativ:**  **MAG 1-2-3, KvAG 1-2**  **KvAG 3 Schema 1–8** | **Allergier** |
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Skicka in anmälan till/Send to: [eddie.olsson@gymnastik.se](mailto:eddie.olsson@gymnastik.se), **senast den 15 juni 2024**

**Datum/Date: Underskrift/signature:**