

PRIZE MONEY RECIPIENTS

NF: _____

Team Challenge				Apparatus Finals				Mixed Cup
JMAG	MAG	JWAG	WAG	JMAG	MAG	JWAG	WAG	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please fill in in BLOCK LETTERS

Gymnast Last name, first name	Home address Street, ZIP code, city, country

Handed in on _____ March 2024, at _____h

Signature HOD or representative

Signature Competition Staff