**WAMT EUROPEAN**

**CHAMPIONSHIP**

 **24. – 26.5.2024. TEPLICE/CZECH REPUBLIC**

**TEAM/INDIVIDUAL APPLICATION FORM**

**DEADLINE APPLICATION 3.5.2024.**

**Please send the filled application form to e-mail below**

**E-mail:** **wamtmajorettes@gmail.com**

|  |  |
| --- | --- |
| TeamORIndividual |  |
| WAMT MEMBER- Certificate Number |  |
| Address |  |
| Town |  |
| Country |  |
| VAT Number |  |
| Person in charge |  |
| email |  |
| Telephone number |  |

**LIST OF TRAINERS**

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**LIST OF COMPETITORS**

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|  | **Name and surname** | **Date of birth** | **Age Category** |
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