**STARTING ORDER PER GYMNAST / PAIR – TRAMPOLINE**

**Appendix 3**

|  |  |
| --- | --- |
| National Federation |  |

Drawing of lots for the starting order of all qualifications has been done using the NFs names (XXX) and gymnasts’ numbers 1 to 4 (e.g. ITA1 for Italy 1, etc.). The starting order per gymnast / pair has to be handed in by the NFs at the time of accreditation, on **Tuesday, April 2nd, 202 4 10:00 at the latest**.

Gymnast / pair No 1 will be allocated to XXX1, etc. in the drawing of lots to establish the starting order.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TRAMPOLINE INDIVIDUAL JUNIOR GIRLS** | | |  | **TRAMPOLINE INDIVIDUAL JUNIOR BOYS** | | |
| **No** | **FIG ID** | **Last name First name** |  | **No** | **FIG ID** | **Last name First name** |
| **1** |  |  |  | **1** |  |  |
| **2** |  |  |  | **2** |  |  |
| **3** |  |  |  | **3** |  |  |
| **4** |  |  |  | **4** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TRAMPOLINE SYNCHRO JUNIOR GIRLS** | | |  | **TRAMPOLINE SYNCHRO JUNIOR BOYS** | | |
| **No** | **FIG ID** | **Last name First name** |  | **No** | **FIG ID** | **Last name First name** |
| **1** |  |  |  | **1** |  |  |
|  |  |  |  |  |
| **2** |  |  |  | **2** |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **TRAMPOLINE INDIVIDUAL SENIOR WOMEN** | | |  | **TRAMPOLINE INDIVIDUAL SENIOR MEN** | | |
| **No** | **FIG ID** | **Last name First name** |  | **No** | **FIG ID** | **Last name First name** |
| **1** |  |  |  | **1** |  |  |
| **2** |  |  |  | **2** |  |  |
| **3** |  |  |  | **3** |  |  |
| **4** |  |  |  | **4** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TRAMPOLINE SYNCHRO SENIOR WOMEN** | | |  | **TRAMPOLINE SYNCHRO SENIOR MEN** | | |
| **No** | **FIG ID** | **Last name First name** |  | **No** | **FIG ID** | **Last name First name** |
| **1** |  |  |  | **1** |  |  |
|  |  |  |  |  |
| **2** |  |  |  | **2** |  |  |
|  |  |  |  |  |

Full name: Function:

Date: Signature: