



DETAILS OF NEW ELEMENTS / VAULTS

Appendix 2

National Federation		
Contact Person	Name	
	Mobile Number	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
Gymnasts Name			
BIB #			
Apparatus			
Element / Vault Description			
Diagram <input type="checkbox"/>	Illustration <input type="checkbox"/>	Video / DVD / CD <input type="checkbox"/>	

SUBMISSION

Date	Time	Signature of the Delegation Representative

New elements must be submitted by email to the Presidents of the Superior Jury,

WAG - Mrs. Anca Mihailescu-Grigoras anca.grigoras@frgimnastica.com

MAG – Mr Tom Thingvold tom.thingvold@hent.no

AS SOON AS POSSIBLE but no later than **24 hours before the start of Podium Training.**

European Gymnastics Evaluation (provisional)

Evaluation	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>	J <input type="checkbox"/>
Technical Delegate Signature										



Additional Training Session Request

Appendix 3

National Federation		
Contact Person	Name	
	Mobile Number	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
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TO BE COMPLETED BY THE HEAD OF DELEGATION

Date Training Requested On			
Time Requested			
Number of Gymnasts – MAG			
Number of Gymnasts – WAG			
Signature of National Federation		Date	Time

TO BE COMPLETED BY THE LOCAL ORGANISING COMMITTEE

Training Request: Approved <input type="checkbox"/> Modified <input type="checkbox"/>			
Date of Training Offered			
Time Offered			
Training Hall Allocated	MAG:	WAG:	
Signature of LOC		Date	Time
Request Refused <input type="checkbox"/>			
Comments			
Signature			

For Training on the days **prior to the Official Training** – The National Federation must submit this form to the LOC **no later than 5 days before** the Official Arrival Date of Delegations per the Work Plan.

For Additional Training **during the event** the National Federation must submit this form to the LOC Information Desk, a minimum **of 24 hours before** the proposed training session.



CONFIRMATION OF THE STARTING ORDER

Appendix 4

National Federation

Contact Person

Name

Mobile Number

JUNIORS

☐

SENIORS

☐

MAG

☐

WAG

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





QUALIFICATION COMPETITION

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



TEAM FINAL

☐

MAG

Bib #	Surname, First Name	Sub. Div.					Vault Number			
							1 st	2 nd		

WAG

BIB #	Surname, First Name	Sub. Div.		Vault Number				
				1 st	2 nd			

Submission

Date	Time	Signature of the Head of Delegation	Signature of the L.O.C. Representative

This form must be submitted to the LOC Information Desk, no later than 24 hours before the start of the 1st Subdivision / start of the TF Competition




VAULT NUMBERS

Appendix 5

National Federation		
Contact Person	Name	
	Mobile Number	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
AAF <input type="checkbox"/>	AF <input type="checkbox"/>		

BIB #	GYMNASTS SURNAME, FIRST NAME		
		1 st Vault	2 nd Vault

Date	Time	Signature of the Delegation Representative	Signature of the LOC Representative

This form should be submitted to the LOC Information Desk, no later than 60 min. prior to the start of the Competition.

Vault No's for QC & TF should be submitted on Appendix 4 "Confirmation of Starting Order"



Appendix 6

REQUEST TO RAISE THE APPARATUS (or remove the Supplementary mat for Rings)

National Federation		
Contact Person	Name	
	Mobile Number	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
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Apparatus	Uneven Bars <input type="checkbox"/>	Rings <input type="checkbox"/>	High Bar <input type="checkbox"/>
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BIB #	Gymnast's name	Height of Gymnast

Submission

Date	Time	Signature of the Head of Delegation	Signature of the L.O.C. Representative

Result of the Request

Approved <input type="checkbox"/>	Refused <input type="checkbox"/>	Date:	Time:
Signature of Technical Delegate			

This request must be submitted to the MTC / WTC Chair of the Superior Jury, 24 hours prior to the start of Podium Training.



REPLACEMENT & / WITHDRAWAL

Appendix 7

National Federation		
Contact Person	Name	
	Mobile Number	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>	
QC <input type="checkbox"/>	TF <input type="checkbox"/>	AAF <input type="checkbox"/>	AF <input type="checkbox"/>	
Sub Division	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Notice of Change / Withdrawal	
BIB #	
Gymnasts Name	
Apparatus	
To be replaced by (if applicable)	
BIB #	
Gymnasts Name	
Apparatus	
Medical Certificate attached	YES <input type="checkbox"/> NO <input type="checkbox"/>

Date	Time	Signature of the Head of Delegation	Signature of the L.O.C. Representative	Signature of the Technical Delegate

This form must be submitted to the Technical Delegate via the LOC Information Desk, no later than 24 hours before the start of the 1st Subdivision / Competition.

Replacement / Withdrawals after the above time will be accepted in accordance with the FIG Technical Regulations.

In exceptional cases the TC President (MAG / WAG) may accept a relevant change



INQUIRY FORM

Appendix 8

National Federation		Date	
Represented by (Coach)			
BIB #		Gymnasts Name	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
QC <input type="checkbox"/>	TF <input type="checkbox"/>	AAF <input type="checkbox"/>	AF <input type="checkbox"/>

Apparatus - WAG				
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Apparatus - MAG						
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Reason for the Inquiry			
Expected D-Score (Mandatory)			
Signature of Coach			
Time of Verbal Inquiry Received		Time of Written Inquiry Received	

To be completed by European Gymnastics

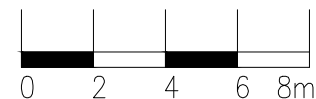
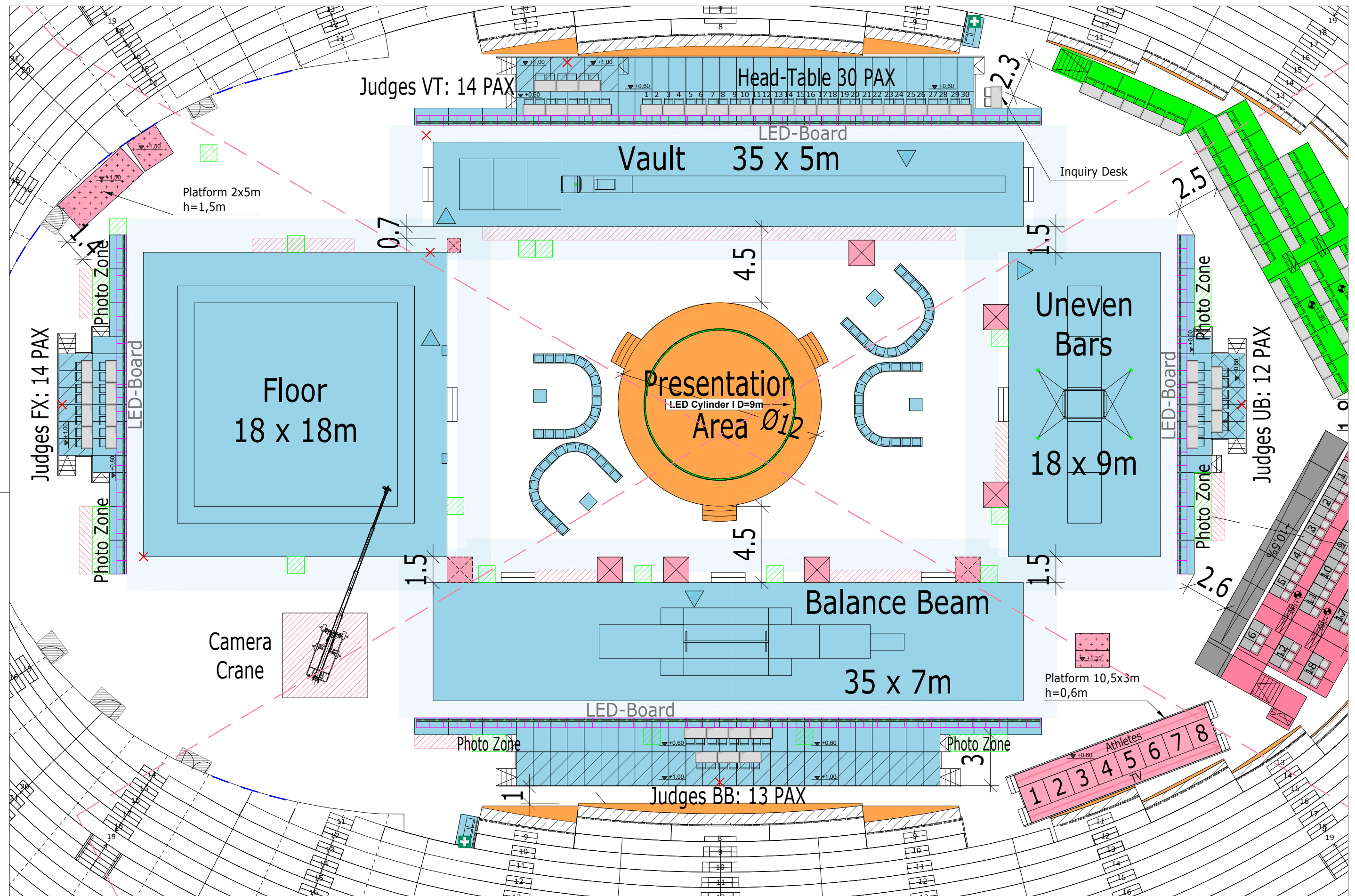
Superior Jury Decision – D-Score RAISED ☐ D-SCORE UNCHANGED ☐ D-SCORE LOWERED ☐

Original D-Score	<input type="text"/>	Final D-Score	<input type="text"/>
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If the score is unchanged or lowered, the NF **agrees** to pay to European Gymnastics (as per Ref. 8.4 of the TR), the amount of €300 for the 1st inquiry, €500 for the 2nd inquiry & €1,000 for the 3rd and subsequent inquiries.

Explanation

Signature of the Superior Jury



Dieser Plan ist geistiges Eigentum der OMG und darf ohne deren Zustimmung weder vervielfältigt noch dritten Personen zugänglich gemacht werden, gemäß Urheberrechtsgesetz BGB.
Die einschlägigen Sicherheitsrichtlinien und Unfallverhütungsvorschriften nach DIN und VBG sind zwingend einzuhalten. Sämtliche Maße sind vor Ort zu prüfen.



Plan Version Nr: 01

Maßstab: 1:200

Datum: 10.06.2020

Planersteller: FK

Geprüft durch: -

Geändert durch: -

Planbezeichnung:

EC22_OHA_E4_GAR_0402a_Infield Women Inside_2022.04.19

Planinhalt:

Infield Womens Competition Inside





CONFIRMATION OF CORRECTNESS OF THE WAG FLOOR MUSIC

Appendix 10

National Federation		
Contact Person	Name	
	Mobile Number	

Correctness of WAG Floor Music

Bib #	Gymnast's Name & Surname	Length of the music	Title(s)	Composer(s)

Confirmation of the correctness of the WAG Floor Music

Date	Time	Signature of HOD on Submission	Signature of LOC Representative on Submission

This form must be presented at the **Accreditation Office** by the Head of Delegation (or his / her representative) upon accreditation.