



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.