

18TH INTERNATIONAL GYMNASTICS AND DANCE FESTIVAL "GIM-SHOW 2024"
May 18, 2024
GYMNASTICS/DANCE COMPETITION REGISTRATION FORM*

(MUST BE FILLED OUT IN CAPITAL LETTERS)

1. NAME AND ADDRESS OF THE DELEGATING INSTITUTION:

2. E-MAIL ADDRESS: _____ 3. PHONE NO.: _____

4. INSTRUCTOR: _____ T-SHIRT SIZE: _____

AGE CATEGORY	NAME OF FORMATION/MINI FORMATION/DUET*	NO. OF PARTICIPANTS	T-SHIRTS	
			SIZE	AMOUNT
UP TO 9 Y.O.			7-8 Y.O.	
			9-11 Y.O.	
			12-14 Y.O.	
			XS	
			S	
10 -13 Y.O.			9-11 Y.O.	
			12-14 Y.O.	
			XS	
			S	
			M	
			L	
14 -25 Y.O.			XS	
			S	
			M	
			L	
			XL	
			XXL	

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May 18, 2024

GYMNASTICS/DANCE COMPETITION REGISTRATION FORM* (INFORMATION ABOUT THE PARTICIPANTS)

(MUST BE FILLED OUT IN CAPITAL LETTERS)

1. INSTITUTION: _____

2. INSTRUCTOR: _____

3. NAME OF FORMATION/MINI FORMATION/DUET*: _____

4. AGE CATEGORY: _____

PARTICIPANTS:

NO.	NAME AND SURNAME	YEAR OF BIRTH	PAYMENT OF ACREDITATION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
10.			
11.			
12.			
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16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			

INFORMATION REGARDING THE SONG USED IN THE PERFORMANCE:

TITLE:

AUTHOR OF THE LYRICS:

MUSIC COMPOSER:

DURATION:

Registration forms together with the confirmation of accreditation payment for participation in the "Gim-Show 2024" Festival should be sent in electronic form by March 23, 2024.

Organizer's office:

tel. +48 512 496 277, +48 58 698 88 18

e-mail address: gimshow@mdk.gdynia.pl

coordinator of the Festival: Anna Ziemann phone no. +48 609 456 398

I have been informed that the Administrator of my data is the Youth Community Center in Gdynia, and detailed information regarding the processing of my data is available in Annex No. 1 to the regulations, information regarding the processing of personal data.

Attention! Participants who want to receive an invoice are asked to provide the invoice details immediately after payment to the address: gimshow@mdk.gdynia.pl

.....
STAMP OF THE INSTITUTION

(not necessary in case the applicant is an individual)

.....
LEGIBLE SIGNATURE OF THE APPLICANT

***delete as appropriate**