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| **Nombre grupo** |  | **Persona de contacto** |  |
| **Club** |  | **Email** |  |
| **Comunidad** |  | **Teléfono** |  |
| **Delegada/do** |  | **Entrenador/a** |  |

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| **Categoría** |  | |
| **Nombre gimnasta** | **Fecha nacimiento** | **Nº de licéncia** |
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