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

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