

AEROBIC GYMNASTICS ON AND DEPARTURE

Logo des
Veranstalters

**EINSETZTEN
NAME, STANDORT UND DATUM DES
TURNIERS**



FORM TO BE SENT TO:

ORGANISING COMMITTEE/HOST FEDERATION

INSERT YOUR COORDINATES

DEADLINE: INSERT THE DEADLINE FOR THE TRAVEL FORM

TRAVEL FORM

FEDERATION		CONTACT PERSON : PHONE: E-MAIL:
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If the team delegation is scheduled on more than one flight, please complete one (1) form for each flight.
For earlier arrival or later departure please contact the TK

ARRIVAL INFORMATION

DATE				ARRIVAL TIME		
<input type="checkbox"/> BY AIRPLANE	AIRPORT		FLIGHT #		FROM	
<input type="checkbox"/> BY TRAIN	TRAIN STATION		TRAIN #		FROM	
<input type="checkbox"/> BY BUS	BUS STATION		BUS #		FROM	
<input type="checkbox"/> BY CAR						

DEPARTURE INFORMATION

DATE				DEPARTURE TIME		
<input type="checkbox"/> BY AIRPLANE	AIRPORT		FLIGHT #		FROM	
<input type="checkbox"/> BY TRAIN	TRAIN STATION		TRAIN #		FROM	
<input type="checkbox"/> BY BUS	BUS STATION		BUS #		FROM	
<input type="checkbox"/> BY CAR						

PLACE AND DATE	STAMP	AUTHORISED SIGNATURE
<p>.....</p>		<p>.....</p> <p>Signature</p>