**CHRISTMAS FAIRYTALE**

**8.12.2024. CRIKVENICA, CROATIA**

**TEAM/INDIVIDUAL APPLICATION FORM**

**(PRIJAVNICA ZA KLUB/POJEDINCA)**

**DEADLINE APPLICATION 12.11.2024.**

**ROK PRIJAVE 12.11.2024.**

**Please send the filled application form to e-mail below**

**E-mail:** **wamtmajorettes@gmail.com**

**Molimo vas da popunjenu prijavnicu pošaljete na ispod navedeni mail**

**E-mail:** **wamtmajorettes@gmail.com**

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| Team/KlubOR-ILIIndividual/Pojedinac |  |
| WAMT MEMBER- Certificate NumberWAMT ČLAN- Broj članskog certifikata |  |
| Address/Adresa |  |
| Town/Mjesto |  |
| Country/Država |  |
| VAT Number/OIB |  |
| Person in charge/Osoba za kontakt |  |
| email |  |
| Telephone number/Broj telefona |  |

**LIST OF TRAINERS/ POPIS TRENERA**

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**LIST OF COMPETITORS/ POPIS NATJECATELJA**

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|  | **Name and surname/ime i prezime** | **Date of birth/ Datum rođenja** | **Age Category/ Dobna kategorija** |
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