**WAMT EUROPEAN CHAMPIONSHIP**

**31.5-1.6.2025. UMAG, CROATIA**

**TEAM/INDIVIDUAL APPLICATION FORM**

**DEADLINE APPLICATION 10.4.2025.**

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

**E-mail:** [**wamtmajorettes@gmail.com**](mailto:wamtmajorettes@gmail.com)

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| Team/Klub  OR-ILI  Individual/Pojedinac |  |
| WAMT MEMBER- Certificate Number  WAMT 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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