**German University Championships 2015 Trampoline  
March 21st, 2015 in Göttingen**

**Entry Form Individual / Team Competition**

|  |  |
| --- | --- |
| University(Name, Address) |  |
| Contact person(Name, Email, Phone) |  |

*To:*

sportref@gwdg.de

**(scan and email, please)**

*Copy to:*

**Allgemeiner Deutscher Hochschulsportverband**

**Max-Planck-Straße 2**

**D-64807 Dieburg**

Fax: +49 6071 207578

|  |  |  |  |
| --- | --- | --- | --- |
| Surname, first name | Gen‑ der | Team[[1]](#footnote-1) | “Internal” competitor yes / no[[2]](#footnote-2) |
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**Closing date for entries: 3rd of March, 2015**

*University Representative*

**German University Championships 2015 Trampoline  
March 21st, 2015 in Göttingen**

**Entry Form Synchro Competition**

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| University(Name, Address) |  |
| Contact person(Name, Email, Phone) |  |

*To:*

sportref@gwdg.de

**(scan and email, please)**

*Copy to:*

**Allgemeiner Deutscher Hochschulsportverband**

**Max-Planck-Straße 2**

**D-64807 Dieburg**

Fax: +49 6071 207578

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| --- | --- | --- | --- | --- | --- |
| **Gymnast 1** | | | **Gymnast 2** | | |
| **Surname** | **First name** | **Sex** | **Surname** | **First name** | **Sex** |
|  |  | F/M |  |  | F/M |
|  |  | F/M |  |  | F/M |
|  |  | F/M |  |  | F/M |
|  |  | F/M |  |  | F/M |
|  |  | F/M |  |  | F/M |

**Closing date for entries: 3rd of March, 2015**

*University Representative*

1. Please indicate team number, if you are also participating in the team competition. [↑](#footnote-ref-1)
2. Please indicate (“yes”), if you were unable to perform a trampoline routine with a difficulty score of at least 2.6 prior to your first entry into university. [↑](#footnote-ref-2)