



ANNEX 5 WOMAN REGISTRATION CERTIFICATE

Please complete this form (letter o printing) and send by e-mail jnescualogr@yahoo.com, presidencia_fmas@hotmail.com copy to the Organizing Committee Before August 15, 2014.

No.	NAME	DATE OF BIRTH	LICENSE CMAS	AP. STATIC TIME	AP. TEAM DYNAMICS WITH DISTANCE	AP DYNAMIC TEAM WITHOUT DISTANCE	JUMP BLUE DISTANCE	COMMENTS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

(SIGNATURE OF THE PRESIDENT/ SEAL)

(FULL NAME PRINT)