

## REQUEST FOR INTERVIEW

European Championships (Title/date): \_\_\_\_\_  
 \_\_\_\_\_

<b>Applicant</b>	
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<b>Team / Gymnast</b>	
<b>Date / Time</b>	

Approved by	Signatures	Date
UEG Delegate		
Head of Delegation		

**UEG contact on site:**

	<b>mobile</b>	<b>@</b>
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