

Competitor Registration Form

(to be sent to info@aeroklub.lublin.pl
or faxed to 81 50 30 790 ext. 22
with a proof of registration fee payment
no later than 15.06.2014)

30th POLISH BALLOON CHAMPIONSHIP 9th SPA NAŁĘCZÓW & ML "SKRZYDLATA POLSKA" CUP INTERNATIONAL BALLOON CHAMPIONSHIP

PILOT _____

Name: Surname:

Address:

City: Postcode: -

Mobile:

e-mail:

Licence no.: Expiry date:

FAI Sporting licence no.: Expiry date:

PIC:

BALLOON _____

Balloon name: Registration number:

Make: Type, size:

Indemnity insurance policy number: Cover amount:

Certificate of Airworthiness number: Expiry date:

CREW _____

Number of crew members (max 3):

Names and surnames of crew members:

1: 2:

3:

VAT INVOICE INFORMATION _____

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DATE

SIGNATURE OF THE PILOT

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NAŁĘCZÓW 6-10 AUGUST 2014