 **ENTRY FORM FOR**

16th FAI Paragliding European Championship

July19th - August 01, 2020, Nis, Serbia

Name of National Aero Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel/fax; email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We wish to enter the following competitors who qualify under the FAI Nationality or Residence Rules (General Section 3.7.) and will fly a paraglider of the correct class for the championship:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pilot**  **Name, Surname** | **Nat/Res** | **Age** | **Sex** | **Comp. Class** | **Sporting**  **Licence n°** | **CIVL**  **Pilot ID** | **Pilot Qualification IPPI card** |
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Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAC’s are invited to submit applications for pilots in high enough numbers, so they can be included in case of extra allocation rounds.

**TEAM LEADER**

|  |  |
| --- | --- |
| Name, surname |  |
| Email: |  |
| Contact Telephone number: |  |

Names/number of Assistants if known

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ENTRY FEES**.

For each pilot - €

For each assistant - €

For the Team Leader - €

Total\_\_\_\_\_\_\_\_\_\_\_\_

This amount will be paid in Euros by end date as per the Local Regulations of the Event.

I/We declare that the above information is true, and that all the pilots meet the required qualifications for entry to this competition (evidence attached) as per Section 7A.

I/We have read the Local Regulations for the Events, understood and comply with the related provisions.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in NAC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send this form to**

[office@vss.rs](mailto:office@vss.rs) and [sport@vss.rs](mailto:sport@vss.rs)