

TEAM LEADER

Name, surname	
Email:	
Contact Telephone number:	

Names/number of Assistants if known

<u>ENTRY FEES.</u>	For each pilot -360 €	_____
	For Team Leader -150 €	_____
	Training Days - 70e	_____
	Total	_____

This amount will be paid in euros 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 _____