



TURISMO DE PORTUGAL



## ENTRY FORM

### DRIVER:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

National License # \_\_\_\_\_ Issued by: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

### RADIOMAN (must speak fluent English):

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Blood Group: \_\_\_\_\_ Country: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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**BOAT:**

**Hull Manufacturer:** \_\_\_\_\_ **Year of Make:** \_\_\_\_\_

**Engine Make:** \_\_\_\_\_ **Race #:** \_\_\_\_\_

I hereby confirm that the information contained herein is correct. I will confirm to the rules and regulations of the U.I.M., National Authority and Local Organizer. I assure that all members of my teams, it's sponsors, and other acquainted persons will be governed by the same rules as previously expressed. By signing this Entry Form, the driver confirms that participation in the above mentioned events for him/her and any other person connected or being the member of his/her team is under their own risk and responsibility.

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVED BY THE DRIVER'S NATIONAL AUTHORITY**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NATIONAL AUTHORITY STAMP**

**For your own publicity, kindly include the following:**

- ✓ Racing CV
- ✓ Photo of Driver
- ✓ Photo of Boat

**Please return to: [racesecretary.cnribadouro@gmail.com](mailto:racesecretary.cnribadouro@gmail.com)**



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## DRY PIT SPACE REQUIREMENTS FORM

DRIVER/TEAM: \_\_\_\_\_

CLASS: \_\_\_\_\_ RACE NUMBER: \_\_\_\_\_

**NO TRUCKS, CARS OR TRAILERS WILL BE ALLOWED TO STAY AT THE PIT AREA**

Means of transport of Boats will be **allocated** in the assigned space.

Each Team will have right at **only** one assigned space.

It's **forbidden** to sleep on the PIT Area.

**TRUCK - TRAILER (max. 6m x 9m or 9m x 6m)**

Full Length: \_\_\_\_\_ (in metres)

Full Width: \_\_\_\_\_ (in metres)

Registration N<sup>o</sup>: \_\_\_\_\_

Truck Driver: \_\_\_\_\_

**TENT (max. 6m x 9m or 9m x 6m)**

Full Length: \_\_\_\_\_ (in metres)

Full Width: \_\_\_\_\_ (in metres)

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## DRAWING OF TENT AND/OR TRUCK-TRAILER

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: [racesecretary.cnribadouro@gmail.com](mailto:racesecretary.cnribadouro@gmail.com)

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**NORTE2020**  
PROGRAMA OPERACIONAL REGIONAL DO NORTE

**PORTUGAL**  
**2020**

 **UNIÃO EUROPEIA**  
Fundo Europeu de Desenvolvimento Regional

## BANK DETAILS FORM

Please write clearly **(IN BLOCK LETTERS)** your bank details, filling this form.

**NAME:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_

**BANK:** \_\_\_\_\_

**ACCOUNT HOLDER:** \_\_\_\_\_

**IBAN:** \_\_\_\_\_

**SWIFT:** \_\_\_\_\_

If you don't have the above details with you, please send them by e-mail to the following address: **[racesecretary.cnribadouro@gmail.com](mailto:racesecretary.cnribadouro@gmail.com)**

Thank you very much for your understanding.

**Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 2019 UIM ANTI-DOPING CONSENT FORM

I, as a member of [National Federation] \_\_\_\_\_, and/or a participant in an event authorized or recognized by [National Federation or UIM] authorized or recognized event, I hereby declare as follows:

I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the UIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the “Code”) and the International Standards issued by the World Anti-Doping Agency, as amended from time to time, and published on WADA’s website.

I consent and agree to the creation of my profile in the WADA Doping Control Clearing House (“ADAMS”), as requested under the Code to which UIM is a Signatory, and/or any other authorized National Anti-Doping Organization’s similar system for the sharing of information, and to the entry on my Doping Control, Whereabouts and Therapeutic Use Exemptions related data in such systems.

I acknowledge the authority of UIM [and its member National Federations and/or National Anti-Doping Organizations] under the UIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the UIM Anti-Doping Rules.

I acknowledge and agree that any dispute arising out of a decision made pursuant to the UIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the UIM Anti-Doping Rules, may be appealed exclusively as provided in Article [ 3] of the UIM Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport(CAS).

I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

**I have read and understand the present declaration.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (First Name, Last Name)

\_\_\_\_\_  
Date of Birth  
(Day/Month/Year)

\_\_\_\_\_  
Signature (or, if a minor, signature of legal guardian)

## ACCOMMODATION UNITS

**IMPORTANT NOTE:** Any Extra Room or House booking, apart from the 2 Double Rooms included and granted that are already confirmed, needs to be communicated to the Local Organizers', who are responsible for this procedure. **DO NOT BOOK ANY ROOM or HOUSE** without informing the Organizers' by E-mail: [racesecretary.cnribadouro@gmail.com](mailto:racesecretary.cnribadouro@gmail.com); [cnribadouro@gmail.com](mailto:cnribadouro@gmail.com);

**IMPORTANT NOTE:** The distribution between the Accommodation Units will be allocated after **ALL** the registrations are done. The criterion of choice will depend on the number of members, date of arrival/departure or the typology needed. In case it's needed, there's the possibility to have means of transport between the respective Accommodation Unit(s) – the Parking Area – the Paddock Area.

## INFORMATIONS:

- i. The Organization will guarantee **2 (two)** Double Rooms/Houses per Driver, for **3 (three)** Nights: **13<sup>th</sup>-14<sup>th</sup> / 14<sup>th</sup>-15<sup>th</sup> / 15<sup>th</sup>-16<sup>th</sup> 2019** at the local Ribadouro's Accommodation Units.
- ii. Any Extra Night at the local Accommodation Units mentioned above, will have extra costs for the Driver/Team (depending on the typology of the Room/House).
- iii. In case you bring any Children, please inform us of their age, since there's the possibility to have a Baby Crib/Small Bed in your Room/House.

**Please fill & return the Accommodation Form, as soon as possible.**



## ACCOMMODATION FORM

**Driver's Name:** \_\_\_\_\_ **Race #** \_\_\_\_\_  
 (1<sup>st</sup> Room)

**Accompanying Name:** \_\_\_\_\_  
 (2<sup>nd</sup> Room)

**Number of Accompanying Members/Staff:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_/09/2019 (1<sup>st</sup> Room)

**Arrival Date:** \_\_\_\_/09/2019 (2<sup>nd</sup> Room)

**Departure Date:** \_\_\_\_/09/2019 (1<sup>st</sup> Room)

**Departure Date:** \_\_\_\_/09/2019 (2<sup>nd</sup> Room)

Signature:

\_\_\_\_\_

**Type of Accommodation:** *1<sup>st</sup> Double Room*

Twin Beds  King Size Bed

*2<sup>nd</sup> Double Room*

Twin Beds  King Size Bed

Extra Room  N<sup>o</sup> of Extra Rooms: \_\_\_\_\_

Twin Bed(s)  King Size Bed

Family Accommodation House

1 Adult

1 Children

2 Adults

2 Children

\_\_\_\_\_

\_\_\_\_\_

Included  
Supplementary

Download from: [www.motorbootrennsport.de](http://www.motorbootrennsport.de)





# INVITATION

## Official Welcome Dinner

Friday, 13<sup>th</sup> September 2019

21:00h

The Official Welcome Dinner will be held at a Local Restaurant for 1 Driver + 3 Accompanying Persons/Staff.

**Dress Code:** Casual Chic

Kind Regards,

*Mário de Sousa*

Clube Náutico Ribadouro President

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