

Entry Form - Chodzież, 7-9/6/2024

Please complete this form in CAPITAL letters.

DRIVER CO-DRIVER

SURNAME: NAME:

DATE OF BIRTH: NATIONALITY:

CLASS: START NUMBER:

EMAIL: PHONE NUMBER:

ADDRESS:

NATIONAL AUTHORITY/CLUB:

LICENSE NUMBER: DATE OF ISSUE:

BOAT MANUFACTURER: YEAR OF BUILT:

ENGINE: YEAR OF BUILT:

HIN (FR-1000):

PERSON TO CONTACT IN CASE OF EMERGENCY (ICE):

SURNAME: NAME:

EMAIL: PHONE NUMBER:

ADDRESS:

TEAM MEMBERS (WITHOUT PILOT - SURNAME, NAME AND FUNCTION IN THE TEAM):

1.

2.

3.

4.

5.

Here I declare my participation in the Competition Chodzież 2024 I know the regulations and I commit myself to follow it. I acknowledge, that Jury is in force to settle all eventual disputes on the base of UIM and MMMP regulations and the regulations of Chodzież 2024.

Date and signature of the driver

Date and national federation/club confirmation



Polish Motorboat and Water Ski Association



Minister Sportu i Turystyki

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