** 7th BALTIC CUP OFFICIAL REGISTRATION FORM **

|  |  |
| --- | --- |
| **First Name Last Name** |  |
| **Year of birth** |  |
| **Club** |  |
| **Phone No.** |  |
| **Pilot License No. and validity** |  |
| **The medical certificate is valid until:** |  |
| **Glider type** |  |
| **Is there an engine?** |  **Yes 🗌 No 🗌** |
| **Glider Registration No.** |  |
| **Glider Competition No.** |  |
| **Glider's airworthiness certificate is valid until** |  |
| **Life insurance** |  |
| **Civil liability insurance is valid until** |  |
| **Loger 4-letter file codes** |  |

**I guarantee that the information provided in the questionnaire is correct.**

**First Name Last Name: Signature:**

**Tags about taxes paid, the signature of the accepting person:**