

Entry Form - Chodzież, 14-15/06/2025

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