

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