

2014 REGISTRATION FORM



Name of the Event	UIM-ABP Aquabike Class Pro World Championship MEDITERRANEAN GP	Race Date 4-7/09/2014
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RIDER

Family Name		Requested Racing Number
First Name		Assigned Racing Number
Adress		Date of birth
Zip Code	City	Country
Phone Nr		E-mail
National Federation	Nat Licence Nr	Nat Racing Nr

UIM Super Licence

<input type="checkbox"/>	<input type="checkbox"/> Single event license 50€	<input type="checkbox"/> Other
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CATEGORY

<input type="checkbox"/> Ski division GP1	<input type="checkbox"/> Ski division GP1 Ladies
<input type="checkbox"/> Runabout GP1	
<input type="checkbox"/> Freestyle	

Place and date: _____

Rider signature :

Parents of minor's signature

Aquabike Promotion Ltd

**To be filled in ALL PARTS and Sent by Email BEFORE AUGUST 20TH
to : info@aquabike.net**