

ENTRY FORM

The 6th Krakow Parachuting Cup - The East European Accuracy Cup Krakow 2019

TEAM: _____

	<u>SURNAME</u>	First name	Nr. of jumps	Nation	Date of birth	Sex (M/F)

Attendees declare to be confirmed on international requirements, such as FAI sports parachute licence, liability insurance policy.

Team leader:

Email:

Date:

HAS TO BE SENT TO THE ORGANIZER BEFORE 01st August 2019

E-mail: sgsp@kki.pl or gosiewski@kki.pl