



MAJSTROVSTVÁ ČESKEJ A SLOVENSKEJ REPUBLIKY V BALÓNOVOM LIETANÍ



ENTRY FORM

Type or block letter please. Please complete and return this sheet **as soon as possible**.

PILOT:

Surname: _____ Givenname: _____ male / female
Address: _____
City: _____ Postal code: _____ Country: _____
E-mail: _____ Phone: _____
Pilot license number: _____ date of expiry: _____ Hours as PIC: _____

BALLOON:

Balloon name: _____ Registration Number: _____
Balloon Make: _____ / Type: _____ / Size: _____ / Year of manufacture: _____
Insurance cover (EUR): _____ Insurance validity till: _____

EXPECTED ACCOMODATION:

Hotel (Name): _____ Triple rooms: _____ Double rooms: _____ Single rooms: _____
Camping: Number of your team members _____

IMPORTANT

- 1) ENTRY FEE: 150,- EUR
- 2) Entry closing date; 15th August 2006
- 3) Please send together with Entry form, but not later than 15th August 2006:
 - a) photos of your balloon and yourself – by e-mail
 - b) Entry fee
 - c) Size of T-shirts (max. 4pcs)
- 4) Entry form send by fax to the number +421 32 6400426 or e-mail info@crazyclub.sk

BANK DETAILS

Account name:	CRAZY CLUB
Address:	Opatovska 93, 911 01 Trencin, Slovak republic
Account number (IBAN):	SK83 8080 0000 0014 3104 2004
Bank:	HVB Bank Slovakia, a.s., Trencin
Swift (BIC):	BACXSKBA

Pilot's signature _____ Date _____

