



D-Cup-Ziel in Lahr vom 03. – 04.06.2017



ENTRY FORM 2017

TEAM: _____

	<u>SURNAME</u>	Firstname	Nation	Date of birth	Sex (M/F)	Junior (J)	Master (S)	for Organisation			
								Reg	€	G	PC
A											
B											
C											
D											

By signing this form, the team leader certifies that all team members are in possession of a current parachuting license, sports license and liability insurance. We do not assume liability for any damage or accident caused by the participants as this is beyond our responsibility as organizer of the above events.

Teamleader: _____

Email: _____

Date: _____

Signature _____