

DEUTSCHLANDCUP - Zielspringen und DEUTSCHE MEISTERSCHAFT 2019



Entry Form

Varrelbusch/GER 06.07. - 07.07.2019



Team:

						for Organisation			
Pos	First Name, Surname	Nation	Date of Birth	Sex (M/F)	Categorie Junior/Master	Reg	€	G	PC
A									
B									
C									
D									
E									

*By signing this form, the team leader certifies that all team members are in possession of a current parachuting license, sport 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 event.
The organizer assumes no liability for damages during ski races, persons or material. Each competitor is at his own risk.*

Teamleader: _____

Email: _____

Date: _____

Signature: _____