

2017 REGISTRATION FORM

Name of Event: UIM-ABP AQUABIKE CLASS PRO CIRCUIT WORLD CHAMPIONSHIP Grand Prix of Mediterranean	Event Date: June 09th – 11th 2017
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RIDER	
Family Name:	Requested Racing Number:
First Name:	Assigned Racing Number:
Address:	Date of birth:
Postal Code:	City:
	Country:
Contact Number:	E-mail:
National Federation:	National License Number:

REGISTRATION TYPE	
<input type="checkbox"/> ABP Contracted Rider	<input type="checkbox"/> 'Single event' rider (Early bird fee 200€/ Normal fee 250€)

UIM SUPERLICENSE	
<input type="checkbox"/> Yearly Superlicense	Yearly Superlicense Number:
<input type="checkbox"/> Request for 'Single event' Superlicense (50 EUR)	

INSURANCE	
<input type="checkbox"/> Yearly Insurance Cover with Superlicense	<input type="checkbox"/> Yearly Insurance Cover with National Authority*
<input type="checkbox"/> Request for 'Single event' Insurance Cover (75 EUR)	

**Please note that in this case, you will need to provide, upon Registration, a copy of your valid attestation of Civil Responsibility insurance provided by your NA.*

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

Place and date: _____

Rider's Signature: _____

**To be filled in ALL PARTS and sent by e-mail within 08/05/2017 to:
info@aquabike.net**