

2015 REGISTRATION FORM



Name of the Event	UIM-ABP Aquabike Class Pro World Championship GP OF ITALY	Race Date 21-24/05/2015
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RIDER

Family Name		Requested Racing Number	
First Name		Assigned Racing Number	
Adress		Date of birth	
Zip Code	City	Country	
Phone Nr		E-mail	
National Federation	Nat Licence Nr	Nat Racing Nr	

UIM Super Licence

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Single event license 50€	<input type="checkbox"/> Other

CATEGORY

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

Place and date: _____

Rider signature :

Parents of minor's signature

Aquabike Promotion Ltd

**To be filled in ALL PARTS and Sent by Email BEFORE 10th of May to :
info@aquabike.net**