



START NUMBER

ENTRY FORM
SUPERENDURO "FILANTROPICA CUP"

NAME AND SURNAME	
DATE OF BIRTH	
LICENCE NUMBER (IF FRM, LEAVE BLANK)	
MINOR PARTICIPANTS: PARENTS NAMES	
MOBILE NUMBER	
EMAIL:	
EMERGENCY CONTACT	
MOTOBIKE MAKE:	
MODEL:	
CLASS (PLEASE HIGHLIGHT DESIRED CLASS)	<input type="radio"/> <i>PRO</i> <input type="radio"/> <i>EXPERT</i> <input type="radio"/> <i>HOBBY</i> <input type="radio"/> <i>QUAD</i>
ENTRY FEE	50 EURs
FRM LICENCE, INSURANCE, MEDICAL	50 EURs
I CONFIRM I AM AWARE OF THE SKIJET RULEBOOK AND OF THE CONDITIONS TO PARTICIPATE IN THE SKIJET CHAMPIONSHIP	SIGNATURE

PLEASE SEND THIS ENTRY FORM TO LARISA@FRM.RO