

ENTRY FORM RS FEVA HUNGARIAN OPEN CLINIC 2019

Helm Details

Helm's Name : _____
Gender: male female
D.O.B. (yyyy.mm.dd.): _____
Club: _____
Nation: _____
Email: _____

Crew Details

Crew's Name: _____
Gender: male female
D.O.B. (yyyy.mm.dd.): _____
Club: _____
Nation: _____
Email: _____

Parent / Guardian Details

Name: _____
Phone: _____
Email: _____

Boat details

Sail number#: _____
Nation : _____

Coach details

Name: _____
Coach boat#: _____
Phone: _____
Email: _____

Date : _____

Signature

contact:
address
phone
e-mail
web

 
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