



4th HandiFly International Chalange

20th to the 24th of August 2019

Évora, Portugal

TEAM PRE-REGISTRATION FORM

Please fill in the form with the applicable elements and send this PDF file to the e-mail: eventos@fppq.pt

Country (Olympic 3 letter code):

Handicapped (disabled) competitor

Name (given name):

Gender (M / F):

Surname (family name):

Handicap (disability) details:

Date of Birth (YYYY-MM-DD):

Parachuting insurance details (entity/company and number):

E-mail:

Telephone:

T-shirt size (S, M, L, XL):



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Tandem transporter (Tandem Master)

Name (given name):

Surname (family name):

Gender (M / F):

Date of Birth (YYYY-MM-DD):

Parachuting license (type/class and number):

Parachuting insurance details (entity/company and number):

E-mail:

Telephone:

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Videographer (Cameraflyer)

Name (given name):

Surname (family name):

Gender (M / F):

Date of Birth (YYYY-MM-DD):

Parachuting license (type/class and number):

Parachuting insurance details (entity/company and number):

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Please fill in the form with the applicable elements and send this PDF file to the e-mail: eventos@fppq.pt

Assistant (caretaker) of the handicapped (disabled) competitor

Name (given name):

Surname (family name):

Gender (M / F):

E-mail:

Telephone:

T-shirt size (S, M, L, XL):