



Entry form

"The Zrenjanin Soaring Cup "

Airport Ečka, Zrenjanin, 28 Aprila -03 May 2008

(Please, Type or use capital letters)

National Aero Club _____

Country _____

Team captain: _____ Tel: _____

Fax: _____ E-mail: _____

For each pilot:

Pilot names in full. Address and phone or e-mail. Gliding hours flown, aero club.
Glider type, registration number and competition ID number.

1.

2.

3.

4.

Fax: Airport+ 381 23 811076

E-mail: aeroklubzr@ptt.yu, jagica@ptt.yu

Name and Function of the person filling the Form _____

Place, Date _____ Sign or NAC Stamp _____