

Baltic Cup 2025

REGISTRATION FORM

Name and Surname		
Date of birth		
Country, club		
Phone number		
Pilot license number		
Expiry date of medical		
Glider type, class		
Is there an engine?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Glider registration		
Glider competition number		
Expiry date of airworthiness		
Life insurance		
Expiry date of civil liability insurance		
IGC logger codes (min. 4 symbols)	Primary	Secondary

I approve, that the information given here is correct:

Name, Surname:

Signature