

Entry form
GO DREAM SILKEBORG NORDIC BALLOON CUP 2014

Pilot (first name and surname):

Address:

Mobile phone:

E-mail:

PIC hours:

Certificate (year):

Balloon club membership:

Nationality:

Observer (first name and surname):

Address:

Mobile phone:

E-mail:

Nationality:

Balloon registration:

Balloon manufacture:

Balloon size (cubic feet):

Pilot CV: (Please state participation in cups, events, results and other information that might be of interest for the public browsing the Nordic Cup website)

The pilot, by payment of the entry fee, hereby confirms that:

1. The event management is entitled free of charge to make use of the balloon's basket for advertising purpose in respect of the Nordic Cup sponsors; and
2. Your team shall not without the prior approval from the Nordic Cup organizers allow any media e.g. DR, TV2, radio 24syv, to follow your balloon.