











Modulo Registrazione Elicotteri - Helicopters Registration Form

POSSIBILITY FOR PATIENT TRANSPORT:		Yes no
PHONE		
ADDRESS		
NOME		
FLYING UNDER CONTRACT FROM		
ADDRESS AND MOBILE PHONE DURING TH	VENT:	
E-MAIL ADDRESS: (all info will be by e-mai		
ADDRESS AND PHONE:		
PILOT NAME:		
required? Quantity? Overnight parking location		
Jet a1 at service area		
What will be the use of the helicopter on the rally		
OPERATION		
PHONE		
ADDRESS		
COMPANY/NAME		
OWNER		
COLOUR		
TYPE AND MAKE		
HELICOPTERS' REGISTRATION		

I, the pilot of the above helicopter, agree to follow the rules notified to me during the Rally. SIGNATURE:



