



ENTRY FORM

DRIVER:

Family Name: _____ First Name: _____

Date of Birth: _____ Place of Birth: _____

Blood Group: _____ Country: _____

Address: _____

E-mail: _____ Phone: _____

National License # _____ Issued by: _____

Date of Issue: _____

RADIOMAN (must speak **fluent** English):

Family Name: _____ First Name: _____

Date of Birth: _____ Place of Birth: _____

Blood Group: _____ Country: _____

Address: _____

E-mail: _____ Phone: _____

Download from: www.motorbootrennsport.de



DRY PIT SPACE REQUIREMENTS FORM

DRIVER/TEAM: _____

CLASS: _____ RACE NUMBER: _____

NO TRUCKS OR TRAILERS WILL BE ABLE TO STAY ON THE PIT AREA

Means of transport of Boats will be **allocated** in the assigned space.

Each Team will have right at **only** one assigned space.

It's **forbidden** to sleep on the PIT Area.

TRUCK - TRAILER (max. 6m x 9m)

Full Length: _____ (in metres)

Full Width: _____ (in metres)

Registration N^o: _____

Truck Driver: _____

TENT (max. 6m x 9m)

Full Length: _____ (in metres)

Full Width: _____ (in metres)

Driver's Signature: _____ Date: _____

Please return to: racesecretary.cnribadouro@gmail.com



BANK DETAILS FORM

Please write clearly **(IN BLOCK LETTERS)** your bank details, filling this form.

NAME: _____

SURNAME: _____

BANK: _____

ACCOUNT HOLDER: _____

IBAN: _____

SWIFT: _____

If you don't have the above details with you, please send them by e-mail to the following address: **racesecretary.cnribadouro@gmail.com**

Thank you very much for your understanding.

Driver's Signature: _____ Date: _____



2017 UIM ANTI-DOPING CONSENT FORM

I, as a member of [National Federation] _____, and/or a participant in an event authorized or recognized by [National Federation or UIM] authorized or recognized event, I hereby declare as follows:

I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the UIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency, as amended from time to time, and published on WADA's website.

I consent and agree to the creation of my profile in the WADA Doping Control Clearing House ("ADAMS"), as requested under the Code to which UIM is a Signatory, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry on my Doping Control, Whereabouts and Therapeutic Use Exemptions related data in such systems.

I acknowledge the authority of UIM [and its member National Federations and/or National Anti-Doping Organizations] under the UIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the UIM Anti-Doping Rules.

I acknowledge and agree that any dispute arising out of a decision made pursuant to the UIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the UIM Anti-Doping Rules, may be appealed exclusively as provided in Article [3] of the UIM Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport(CAS).

I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.

I have read and understand the present declaration.

Date

Date of Birth
(Day/Month/Year)

Print Name (Last Name, First Name)

Signature (or, if a minor, signature of legal guardian)



ACCOMMODATION FORM

Driver's Name: _____ Race # _____

(1st Room)

Accompanying Name: _____

(2nd Room)

Number of Accompanying Members/Staff: _____

Arrival Date: ____/10/2017 (1st Room)

Arrival Date: ____/10/2017 (2nd Room)

Departure Date: ____/10/2017 (1st Room)

Departure Date: ____/10/2017 (2nd Room)

<p>Signature:</p> <p>_____</p>

Type of Accommodation: **1st Double Room**

Twin Beds King Size Bed

2nd Double Room

Twin Beds King Size Bed

Extra Room N^o of Extra Rooms: _____

Twin Bed(s) King Size Bed

Family Accommodation House

1 Adult

2 Adults

1 Children

2 Children

Included

Supplementary