

BELGIAN BALLOON TROPHY 2017

Entry & Order Form

Please don't forget to fill in the Entry Form on page 2 and personal information on page 3!

ORDER FORM

Please fill in below our order form for the **ENTRY FEE, MAPS, MEALS & ACCOMODATION**.

For a description of the bungalow types, please check out the accommodation section of the invitation or the website BBT2017.BALLOONFEDERATION.BE.

We can only guarantee the bungalows when your entry form & payment is received!

	Unit Price	Qty	Total
ENTRY FEE	350,00 EUR (Before 1/03/2017) 375,00 EUR (After 1/03/2017)	1	
BUNGALOW TYPE A-2	230,00 EUR		
BUNGALOW TYPE A-4	260,00 EUR		
BUNGALOW TYPE B	320,00 EUR		
BUNGALOW TYPE C	420,00 EUR		
BUNGALOW TYPE D	490,00 EUR		
MEALS Prize-giving BBQ Ticket included!	90,00 EUR/PERSON		
PRIZE-GIVING BBQ TICKET	15,00 EUR/PERSON		
PAPER MAPS	25,00 EUR/MAP		
Total Amount paid by bank transfer:			

Please send the organization a picture of you and your balloon for our website!

Send this forms to
BBT2017@BALLOONFEDERATION.BE



If you have questions, please contact us.

BANK INFORMATION

BELGIAN BALLOON FEDERATION
Montoyerstraat 1/26
1000 Brussel
Belgium

BIC NICABEBB
IBAN BE 43103031692901

ENTRY FORM

 <p style="font-size: small;">Federale Overheidsdienst Mobiliteit en Vervoer Luchtvaart</p>	<p>Attachment 1 to the circular letter CIR/GDF-07</p>	
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Datasheet of an aviation meeting with Hot Air Balloons. **Belgian Balloon Trophy 2017**

Place of the aviation meeting with Hot Air balloons: VIELSALM
Date of the aviation meeting with Hot Air Balloons: 24/05/2017 until 28/05/2017

PILOT	BALLOON	
Name + First name:	Callsign:	
Nationality:	Manufacturer:	
Total hours of flight	Type:	
License number:	Volume:	
License valid until:	Maximum number of passenger on board:	
Medical license valid until:	Certificate of airworthiness valid until:	
F.A.I.-license number:	Publicity:	YES / NO
Radio license number:	Text publicity on the balloon or basket:	
Date of issue radio license:		
Nr. License 'Permission of aerial work': (Belgium pilots only!)		

INSURANCE		
Insurance company:		
Policy number:		
Valid until:		
Amount third parties:		
Amount per insured person:		
Number of insured passengers:		

DECLARATION OF THE PARTICIPANT	
I, the undersigned,	
Name + First name:	
Declare that:	
I. I meet the requirements of the circular letter CIR/PRO-01;	
II. I have taken note of the safety instructions (FAI rules);	
III. I will respect the requirements of the flight documents and information guide. (Section I & II)	
IV. I will respect and follow the instructions of the Competition Director and officials.	

Place:	
Date:	
Signature:	

PERSONAL INFORMATION

Please fill in below all the personal information.

PERSONAL INFORMATION	
First name	
Last Name	
Nationality	
Address	
Zip Code	
City	
Country	
Phone number	
Cellphone number	
E-mail	