

UK MOUNTAIN SOARING CHAMPIONSHIPS
Deeside Gliding Club - Aboyne 6th – 12th September 2009
Application Form

PILOTS NAME _____

ADDRESS _____

TEL _____

E-mail _____

SECOND PILOT _____

HOMECLUB _____

GLIDER TYPE _____

COMPETITION MARKINGS _____

CLAIMED HANDICAP _____

I/we would like a copy of your latest accommodation list Yes/No (Delete as applicable)

DECLARATION

I/we declare that the information given is correct to the best of my/our knowledge

I/we enclose a non-refundable deposit of £25 per glider with the balance of £50 to be paid in full by 31st July 2009.
(Cheques payable to Deeside Gliding Club).

Signed Pilot 1 _____ Date _____

Signed Pilot 2 _____ Date _____

Return to: Deeside Gliding Club, Aboyne Airfield, Dinnet Aberdeenshire, AB34 5LB
Tel/Fax 013398 85339. E-Mail office@deesideglidingclub.co.uk

RECEIVED FROM _____ £ _____

DATE _____

NAME _____ SIGNATURE _____