

UK MOUNTAIN SOARING CHAMPIONSHIPS

Deeside Gliding Club - Aboyne 4th – 10th September 2011

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 2011.

(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 _____ Amount _____

Date _____

Name _____ Signature _____