

APPLICATION FORM (please fill it in, sign it, and send it to us by e-mail)

SLOVENIA NATIONAL GLIDING CHAMPIONSHIP 2024

and

INTERNATIONAL OPEN CHAMPIONSHIP FOR THE SPONSOR'S CUP

I APPLY FOR: (tick as appropriate)

- DPSJL (DPSJL-Club / DPSJL-15m / DPSJL-Open)
- \Box DPSJL juniors (DPSJL-M)
- □ Sponsor's Cup International Open Championship

COMPETING TEAM:

Name and surname of pilot:		GSM:	
Address:			
E-mail:			
	ber:		
Name and surname of assistant(s):			
Flight recorder I	GC file name (code):		
- primary			
- secondary _			
IGC Pilot Rankir	ng ID number:		
GLIDER:			
Туре:	, Reg. code:	, CN:	

FLARM: YES NO

STATEMENT:

I, the undersigned pilot, on behalf of myself and my assistant(s), declare that I am aware of the rules of the competition and that I enter the competition at my own risk. At the same time, I agree that Aeroklub Ptuj processes the above personal data in accordance with the Personal Data Protection Act (ZVOP-1, Official Gazette of the Republic of Slovenia No. 94/2007) and the General Data Protection Regulation (GDPR), for the purpose of organizing and conducting the competition, including informing the public about the competition. I also authorize the taking of photographs and video recordings and the publication of such recorded material on the website of the competition, the Aeroklub Ptui. electronic media. and in other printed and

Place and date:

Signature of the pilot: