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| 附件3  2018年南粤古驿道“天翼4K高清杯”航空定向大赛  （韶关乳源站）报名表  报名联系电话：13682268843 电子邮箱：13682268843@139.com |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **人员资料** | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性别 | | |  | | | | 身份证号 | |  | |
| 会员证号 |  | 飞行证号码 | |  | | 飞行证  级别 | | |  | | | | 电子邮件 | |  | |
| 参加赛事 | **2018年南粤古驿道**  **“天翼4K高清杯”航空定向大赛（韶关乳源站）** | | | | | 电话 | | |  | | | | 团队名称 | |  | |
| 通讯地址 |  | | | | | | | | | | | | 网名 | |  | |
| 随行家属人数 |  | 家属  姓名 | |  | | | | | | | | | 家属性别 | |  | |
| **器材资料** | | | | | | | | | | | | | | | | |
| 动力伞  品牌 | 、 | | | | 动力伞  型号 | |  | | | | 动力伞  认证级别 | | |  | | |
| 动力伞  颜色 |  | | | | 头盔品牌 | |  | | | | 头盔型号 | | | L | | |
| 座带品牌 |  | | | | 座带型号 | | S | | | | 副伞品牌 | | |  | | |
| 副伞型号 |  | | | | 副伞上次重叠日期 | |  | | | |  | | |  | | |
| **保险资料** | | | | | | | | | | | | | | | | |
| 保险公司名称 |  | | | | 保险金额 | |  | | | 保险有效期 | | | |  | | |
| 保单号 |  | | | | 紧急联系人 | |  | | | 紧急联系人电话 | | | |  | | |
| 以往飞行场地 |  | | | | | | | | | | | | | | | |
| 以下表格由组委会填写 | | | | | | | | | | | | | | | | |
| 证件 | 保险 | | 免责书 | | | | | 比赛信息 | | | | 会费 | | | | 交表格 |
|  |  | |  | | | | |  | | | |  | | | |  |

**（请完整填写全部表格后回传电子邮箱13682268843@139.com）**