附件

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| --- |
| **2016年全国滑翔伞定点联赛**  报名电话：010-67050850 电子邮箱： [wazza1023@163.com](mailto:%20wazza1023@163.com), |

**报 名 表**

**（请完整填写全部表格后回传到报名电子邮箱）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **人员资料** | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | | 性别 | | |  | | | 身份证号 | |  | |
| 会员证号 |  | | 运动证号 | |  | | 运动证  级别 | | |  | | | 电子邮件 | |  | |
| 参加赛事 | 洛阳( ) 宁波( ) 黄山( ) | | | | | | 电 话 | | |  | | | 团队名称(每队最多4人) | |  | |
| 通讯地址 |  | | | | | | | | | | | | 邮编 | |  | |
| **器材资料** | | | | | | | | | | | | | | | | |
| 滑翔伞  品牌 | |  | | | | 滑翔伞  型号 | |  | | | 滑翔伞  认证级别 | | |  | | |
| 滑翔伞  颜色 | |  | | | | 头盔品牌 | |  | | | 头盔型号 | | |  | | |
| 座带品牌 | |  | | | | 座带型号 | |  | | | 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 | |  | | | | 保险公司电话 | |  | | | 保险有效期 | | |  | | |
| 保单号 | |  | | | | 紧急联系人 | |  | | | 紧急联系人电话 | | |  | | |
| 飞行经历/  以往比赛  成 绩 | |  | | | | | | | | | | | | | | |
| 以下表格由组委会填写 | | | | | | | | | | | | | | | | |
| ①证件 | | ②保险 | | ③免责书 | | | | | ④比赛信息 | | | ⑤会费 | | | | ⑥交表格 |
|  | |  | |  | | | | |  | | |  | | | |  |