**Please don’t forget to fill in the Entry Form on page 2 and personal information on page 3!**

**ORDER FORM**

Please fill in below our order form for the **ENTRY FEE**, **MAPS**, **MEALS** & **ACCOMODATION**.

For a description of the bungalow types, please check out the accommodation section of the invitation or the website BBT2017.BALLOONFEDERATION.BE.

We can only guarantee the bungalows when your entry form & payment is received!

|  |  |  |  |
| --- | --- | --- | --- |
|  | Unit Price | Qty | Total |
| **ENTRY FEE** | 350,00 EUR (Before 1/03/2017)375,00 EUR (After 1/03/2017) | 1 |  |
| **BUNGALOW TYPE A-2** | 230,00 EUR |  |  |
| **BUNGALOW TYPE A-4** | 260,00 EUR |  |  |
| **BUNGALOW TYPE B** | 320,00 EUR |  |  |
| **BUNGALOW TYPE C** | 420,00 EUR |  |  |
| **BUNGALOW TYPE D** | 490,00 EUR |  |  |
| **MEALSPrize-giving BBQ Ticket included!** | 90,00 EUR/PERSON |  |  |
| **PRIZE-GIVING BBQ TICKET** | 15,00 EUR/PERSON |  |  |
| **PAPER MAPS** | 25,00 EUR/MAP |  |  |
|  | **Total Amount paid by bank transfer:** |  |

|  |
| --- |
| **Please send the organization a picture of you and your balloon for our website!** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Send this forms to****BBT2017@BALLOONFEDERATION.BE**If you have questions, please contact us. | **BANK INFORMATION**BELGIAN BALLOON FEDERATIONMontoyerstraat 1/261000 BrusselBelgium

|  |  |  |
| --- | --- | --- |
|  | **BIC** | NICABEBB­­­­­ |
|  | **IBAN** | BE 43103031692901 |

 |

|  |  |  |
| --- | --- | --- |
|  | **Attachment 1**to the circular letter CIR/GDF-07 |  |

**Datasheet of an aviation meeting with Hot Air Balloons.**
**Belgian Balloon Trophy 2017**

**Place of the aviation meeting with Hot Air balloons:** VIELSALM
**Date of the aviation meeting with Hot Air Balloons:** 24/05/2017 until 28/05/2017

|  |  |  |  |
| --- | --- | --- | --- |
| **PILOT** |  | **BALLOON** |  |
| Name + First name: |  | Callsign: |  |
| Nationality: |  | Manufacturer: |  |
| Total hours of flight |  | Type: |  |
| License number: |  | Volume: |  |
| License valid until: |  | Maximum number of passenger on board: |  |
| Medical license valid until: |  | Certificate of airworthiness valid until: |  |
| F.A.I.-license number: |  | Publicity: | YES / NO |
| Radio license number: |  |
| Date of issue radio license: |  | Text publicity on the balloon or basket: |
| Nr. License‘Permission of aerial work’:(Belgium pilots only!) |  |

|  |  |
| --- | --- |
| **INSURANCE** |  |
| Insurance company: |  |
| Policy number: |  |
| Valid until: |  |
| Amount third parties: |  |
| Amount per insured person: |  |
| Number of insured passengers: |  |

|  |
| --- |
| **DECLARATION OF THE PARTICIPANT** |
| I, the undersigned, |
| Name + First name:  |  |
| Declare that:1. I meet the requirements of the circular letter CIR/PRO-01;
2. I have taken note of the safety instructions (FAI rules);
3. I will respect the requirements of the flight documents and information guide. (Section I & II)
4. I will respect and follow the instructions of the Competition Director and officials.
 |

|  |  |
| --- | --- |
| Place: |  |
| Date:  |  |
| Signature: |  |

Please fill in below all the personal information.

|  |  |
| --- | --- |
| **PERSONAL INFORMATION** |  |
| First name |  |
| Last Name |  |
| Nationality |  |
| Address |  |
| Zip Code |  |
| City |  |
| Country |  |
| Phone number |  |
| Cellphone number |  |
| E-mail |  |