



Swift Cup Europe



Registration form 2020

Name:

Place and date of birth:

Mother's name:

Address:

Mobil :.....**E-mail address:**.....

Organisation:.....**Category:**.....

Start number:..... **Number and type of licence:**.....

Where would you like to get information about the news of the championship?

- Messenger versenyzői csoport**
- E-mail**
- Telefon**
- Other**

I, the undersigned, declare that:

- the above information is accurate

- I consent to the use of my data for the registration and information of the championship organizers

- I start the events in such a way that I get to know its rules and regulation and I fully accept it, I comply with its contents

- I agree that the organizers can use the pictures and videos of me in the competitions on the official pages of the championship

- I am financially liable for damages resulting from non-compliance with the regulations

- I participate in the competition at my own risk, I cannot make any claims against the organizers.