



PILOT PRELIMINARY-ENTRY FORM

to
1st E-GLIDE CONTEST



(1 - 7 SEPTEMBER 2019, PAVULLO NEL FRIGNANO, MODENA, ITALY)

Name	_____	Surname	_____
Birth place	_____	Birth date	_____
Street Address	_____		
Town/City	_____	Country	_____
Zip Code	_____		
Home phone	_____	Cell phone	_____
E-Mail	_____		
* Flight License Type	_____		
	No.	_____	
	Expiry date	_____	
* Medical Certificate	Expiry date _____		
* Glider Type	Registration _____		
	Contest No. _____		
* Certificate of Airworthiness	Expiry date _____		
* Glider Insurance (Third Party Insurance)	Company _____		
	Policy No. _____		
	Expiry date _____		

REMARK - (*) mandatory fields to be filled in

Data Processing Agreement

According to the EU regulation 2016/679 we confirm that the data collected in this sheet will be processed in electronic and paper format, for all the activities in organizing the event "Pavullo 2019 - 3rd FAI World Gliding Championship", for statistical purposes and for official communications regarding the event itself, video/photography included. Data will be stored in a specific paper and computerized archive and will be communicated and disseminated to the organizers. Data responsible and controller is Aero Club Pavullo. By signing below, you expressly consent to the processing, stating that you are aware that the data provided will be processed for the purposes, including abroad, by any means, including electronic, only on the basis of this consent, and that will be deleted when they will no longer be necessary for the purposes to which they were collected, or following a subsequent revocation of the consent expressed.

☐ I Agree

☐ I Disagree

Pavullo nel Frignano (MO), Date _____

Signature _____