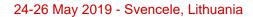
BALTIC CUP LITHUANIA





Please download, comple First Name	download, complete and save form, then e-mail to: Robertas@extreme-sports.lt or print and bring with you First Name Last Name						
Sail #			Geno	der	Male	Female	
Date of Birth							
Please select Overall Class:	Formula Formula Foil		Raceboard Te Formula Kite RS		no 293	Windsurfing Slalom Kite Slalom	
						Title Glaletti	
Please select Class Division	on if applicable:						
Formula Divisions	Women		Master	Gra	and Master		
	Youth		Lightweight				
Raceboard Divisions	Women		Grand Master	Yo	uth		
Techno 293 Divisions	u13	u15	u17	Mi	nim 3.5		
RSX Divisions	8.5m2 womer	า	8.5m2 youth				
Entry Fee	50 eur		Youth 25 eur		to be paid	I in cash at registration	
National Class Association							
Club/Sponsor							
Address							
E-mail							
Phone #							
Insurance	I declare that Race for this			rance c	over as req	uired by the Notice of	
Agreement	to be governed by the ISAF Racing Rules, the relevant Class Rules, the Notice of Race and the Sailing Instructions and I accept the penalties assessed under these rules and such other action as may be taken hereunder, subject to such appeal and review procedures as are provided herein, as the final determination of any matter arising under these rules and I agree not to report to any court or tribunal not provided here in with respect to such determination. I accept that under RRS Fundamental Rule 4, it is my sole responsibility to decide whether or not to start or to continue to race or compete, and I agree not to report to any court or tribunal with respect to such a decision and its consequences.						
Competitor Signature	Consent for u18's						