



# Registration Form Nation Team Pilots

Place of Competition:	<b>Skien, Norway 2025</b>
Country:	
Entry fees for participants	
Team Manager	<input type="text" value="250,00€"/>
per Pilot	<input type="text" value="400,00€"/>
per Helper per	<input type="text" value="150,00€"/>
Supporter	<input type="text" value="75,00€"/>

Team Manager:	<input type="text"/>	photo
Name:	<input type="text"/>	
Mailadress:	<input type="text"/>	
Date:		

Information for the organiser	<input type="text"/>
<input type="text"/> liters	How many liters of kerosene - Jet A1- does the above mentioned team need in total for the JWM 2025?
<input type="text"/>	Total amount for country

***This registration does not include individual registration of Giant Class Pilots!***

Please send the declaration(s) to the following email addresses:

to > [fsdohrmann@gmx.de](mailto:fsdohrmann@gmx.de) and [knoerrg@t-online.de](mailto:knoerrg@t-online.de)



# Registration Form Nation Team Pilots

## Pilots

<b>Pilot 1:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 2:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress :</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 3</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 4</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>



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## Pilots

<b>Pilot 5</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 6:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 7:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress :</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 8</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>



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## Pilots

<b>Pilot 9</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 10</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 11:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Pilot 12:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress :</b>	<input type="text"/>	<b>photo</b>



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## Helper

<b>Helper 1:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Helper 2:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress :</b>	<input type="text"/>	<b>photo</b>

<b>Helper 3:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Helper 4:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress :</b>	<input type="text"/>	<b>photo</b>



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## Helper

<b>Helper 5</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Helper 6</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Helper 7</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Helper 8</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>



# Registration Form Nation Team Pilots

## Supporter

<b>Supporter 1:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Supporter 2:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress :</b>	<input type="text"/>	<b>photo</b>

<b>Supporter 3:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Supporter 4:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>



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## Supporter

<b>Supporter 5:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Supporter 6:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Supporter 7:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>

<b>Supporter 8:</b>	<input type="text"/>	
<b>Name:</b>	<input type="text"/>	
<b>Mailaddress</b>	<input type="text"/>	<b>photo</b>