**INVITATION REQUEST FORM**

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| --- | --- | --- | --- | --- |
| **Team Name:** | | | | |
| **Sponsor (*If any):*** | | | | |
| **Skipper’s Last Name**: | | | **First Name:** | |
| **Birth Date**: | | | **Club Affiliation:** | |
| **HSF Member Card n. (Only for Greek competitors)**: | | | | |
| **WS Sailor ID**: | | | | |
| **Address:** | **City:** | | | **Country:** |
| **Home phone:** | | | **Mobile Phone:** | |
| **E-Mail Address**: | | | | |
| **CREW** | | | | |
|  | | **Club Affiliation:** | | |
|  | | **Club Affiliation:** | | |
|  | | **Club Affiliation:** | | |
|  | | **Club Affiliation:** | | |
|  | | **Club Affiliation:** | | |
| **I AM INTERESTED TO PARICIPATE IN:**  **VOLOS**  **KAVALA**  **THESSALONIKI** | |  | | |
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