**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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