



Registration form

Region of Residence _____

Fam names: _____ Other names: _____

Enter your names above exactly as it appears in you passport

Date of birth ____ dd ____ mm ____ yy Gender ____ Male ____ Female

Telephone: _____ E-mail: _____

Passport number: _____ Country : _____

Expires ____ dd ____ mm ____ yy

Your passport must be valid for at least 3 months from your arrival in Curacao

Division _____ Category _____

Alias _____ T-shirt Size _____

Make _____ Model _____ S/N _____ Caliber _____

Make _____ Model _____ S/N _____ Caliber _____

Arrival date: ____ September 2015, Carrier _____ Flight # _____ Time _____

Departure date ____ September 2015, Carrier _____ Flight # _____ Time _____

By signing, I indemnify and hold harmless IPSC, it's officers, all organizations affiliated to IPSC and all their officers, IPSC-AHO and it's officers, and all other persons or entities directly or indirectly involved in the organization of the match, in respect of all and any delay, loss, damage, accident, injury or death suffered by me, or any person accompanying me, arising for any reason, while traveling to or from Curacao and while in Curacao.

Date ____ dd ____ mm ____ yy

Signature of registrant _____