

Enclosure 1 to Annual RI Army National Guard International Parachute Competition, MOI

Team# _____
(Official use only)

REGISTRATION FORM

Please type all the information and identify the Team Leader in the first position

UNIT: _____ COMPONENT: (AD, NG, RES) _____

US Army: _____ US Navy: _____ US Marine Corps: _____ US Air Force: _____

International Teams: (List country) _____

UNIT Abbreviation: _____

Unit Address _____

	LAST NAME	FIRST NAME	LAST 4 (US only)	RANK	GENDER M/F JM
TEAM LEADER/CAPTAIN	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

CONTACT PHONE NUMBER: _____ ALTERNATE NUMBER _____

PRIMARY E MAIL: _____ ALTERNATE E-MAIL: _____

DO YOU REQUIRE BILLITING AT URI: Y ___ N ___

AWARDS BANQUET MEAL CHOICES (# PER COMPETITOR): Stuffed Sole _____ Fillet Mignon _____

ADDITIONAL BANQUET TICKETS ARE AVAILABLE UPON REQUEST (Cost per person is \$50.00)

NUMBER OF ADDITIONAL TICKETS NEEDED (do not include team members) _____

WILL YOU BE PARTICIPATING IN THE FOREIGN WING JUMP ON 5 AUGUST 2019 Y ___ N ___

US teams can contact the US LNO contact number posted on www.leapfest.com for any questions or issues that may arise during travel.

***INTERNATIONAL TEAMS ONLY: WHEN YOU ARRIVE PLEASE CONTACT LNO AT (401)787-8980

DO YOU REQUIRE TRANSPORTATION FROM ARRIVAL AIRPORT TO URI: Y ___ N ___

WHICH AIRPORT WILL YOU BE ARRIVING TO: PVD (T.F. GREEN) _____ BOS (LOGAN) _____

ARRIVAL DATE/TIME: _____ ARRIVAL FLIGHT NUMBER: _____

WHICH AIRPORT WILL YOU BE DEPARTING FROM: PVD (T.F. GREEN) _____ BOS (LOGAN) _____

DEPARTURE DATE/TIME: _____ DEPARTURE FLIGHT NUMBER: _____