

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:

UNIT (abbreviation):

COUNTRY:

UNIT ADDRESS:

SERVICE: Army Navy Air Force Marine Corps **COMPONENT:** Active Duty National Guard Reserve

TEAM INFO: LAST NAME FIRST NAME RANK GENDER

LEADER/CAPTAIN

POINT-OF-CONTACT: NAME

PRIMARY PHONE NUMBER

ALTERNATE NUMBER

PRIMARY E MAIL

ALTERNATE EMAIL

TRAVEL/LODGING: DO YOU REQUIRE **BILLETING** AT THE UNIVERSITY OF RHODE ISLAND (URI)?

DO YOU REQUIRE **TRANSPORTATION** FROM ARRIVAL AIRPORT TO URI?

WHICH AIRPORT WILL YOU BE ARRIVING **TO**? PVD (T.F. GREEN) BOS (LOGAN) OTHER

ARRIVAL DATE/TIME: ARRIVAL FLIGHT NUMBER:

WHICH AIRPORT WILL YOU BE DEPARTING **FROM**? PVD (T.F. GREEN) BOS (LOGAN) OTHER

DEPARTURE DATE/TIME: DEPARTURE FLIGHT NUMBER:

MEAL RESTRICTIONS FOR AIRBORNE SOCIAL (# OF **COMPETITORS** AND **TYPE**):

*****INTERNATIONAL TEAMS ONLY*****

HOW MANY? # OF JMS?

WILL YOU BE BRINGING **WINGS** AND **CERTS** FROM YOUR COUNTRY?

IF **YES**-

IS YOUR TEAM **MFF** (Military Free Fall) **CAPABLE** (qualified & current)?

IF **YES**, ARE YOU INTERESTED IN DOING A **MFF** WING EXCHANGE?