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

Team#_	
(Officia	I use only)

REGISTRATION FORM

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

UNIT:			COMPONEN	COMPONENT: (AD, NG, RES)		
US Army:	US Navy:US Mai	rine Corps:US Air F	orce:			
International Teams:	(List country)					
UNIT Abbreviation:						
Unit Address						
			LAST 4 (US only)			
AM LEADER/CAPTAIN						
AM LEADEN CAPTAIN						
CONTACT PHONE	NUMBER:	ALTER	NATE NUMBER			
PRIMARY E MAIL:		AL	ΓERNATE E-MAIL:			
	BILLITING AT URI: Y					
ADDITIONAL BAN	QUET TICKETS ARE AV	R COMPETITOR): Chicken AILABLE UPON REQUEST (ED (do not include team memb				
		REIGN WING JUMP ON 3 AU	·	-		
US teams can conta	act the US LNO contact num	nber posted on www.leapfest.c	om for any questions or issues	hat may ari	se during travel.	
			TERNATIONAL TE	AMS		
WHEN YOU ARRIV	/ E PLEASE CONTACT LN	() , . , . ,				
WHEN YOU ARRIV DO YOU REQUIRE		OM ARRIVAL AIRPORT TO U	JRI: YN			
DO YOU REQUIRE			JRI: YN GREEN) BOS (LOG	AN)		
DO YOU REQUIRE WHICH AIRPORT	TRANSPORTATION FRO	TO: PVD (T.F. C				
DO YOU REQUIRE WHICH AIRPORT V ARRIVAL DATE/TI	TRANSPORTATION FRO	TO: PVD (T.F. C	GREEN) BOS (LOG			