



REGISTRATION FORM
Wrocław SmartMoto Challenge

22nd – 26th August 2018



Wrocław
University
of Science
and Technology

		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COUNTRY	CITY	ACCOMMODATION	
UNIVERSITY	TEAM NAME		
UNIVERSITY WEBSITE	TEAM WEBSITE/FACEBOOK PAGE		

FACULTY ADVISOR NAME	
FACULTY ADVISOR PHONE NUMBER	FACULTY ADVISOR EMAIL
TEAM CAPTAIN EMAIL	
TEAM CAPTAIN PHONE NUMBER	TEAM CAPTAIN NAME
How many (approximately) team members coming to Wrocław?	
URGENCY CONTACT DATA	
Team medical insurance if not, you must obtain one before coming	<input type="checkbox"/> YES <input type="checkbox"/> NO

The team submitted in this registration form agrees with the rules of Wrocław SmartMoto Challenge, edition 2018, that is found on www.smcwroclaw.pl

Faculty advisor signature