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| Application for Kitebuggy permission in | St. Peter-Ording |
| First Name: |  |
| Surname: |  |
| E-mail address |  |
| Date of birth |  |
| Adress |  |
| City, postcode |  |
| Country |  |
| License number |  |
| Name of national association | Wählen Sie ein Element aus. |
|  | (If your country/ association is not in the list [write us an e-mail.](mailto:1vorsitzender@gpa.de) |
| Stay up in St. Peter-Ording | Klicken oder tippen Sie, um ein Datum einzugeben. |
| till | Klicken oder tippen Sie, um ein Datum einzugeben. |
|  |  |

Please send this application to [xxx@xxx.de](mailto:xxx@xxx.de)

Please also attach a copy of your driving license, and a copy of your insurance where kitebuggy driving is included.