

Run Rapport

Competition:

Date:

Task:

Name, Prenom: _____

For official use only:

Time:

Dist:

Visa:

	Y	N		
Take Off	<input type="checkbox"/>	<input type="checkbox"/>	SHV Nummer	_____
Safety TP	<input type="checkbox"/>	<input type="checkbox"/>		
Bi Cylinder	<input type="checkbox"/>	<input type="checkbox"/>		
TP 1	<input type="checkbox"/>	<input type="checkbox"/>	Nr. on Glider:	_____
TP 2	<input type="checkbox"/>	<input type="checkbox"/>		
TP 3	<input type="checkbox"/>	<input type="checkbox"/>		
TP 4	<input type="checkbox"/>	<input type="checkbox"/>		
TP 5	<input type="checkbox"/>	<input type="checkbox"/>		
Goal	<input type="checkbox"/>	<input type="checkbox"/>		

Start of speedsection _____

End of speedsection _____

Time _____

Absolute distance km _____

Signature: _____

Run Rapport

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TP 5	<input type="checkbox"/>	<input type="checkbox"/>		
Goal	<input type="checkbox"/>	<input type="checkbox"/>		

Start of speedsection _____

End of speedsection _____

Time _____

Absolute distance km _____

Signature: _____