



28. FEB - 05. MAR 2017
KONTIOLAHTI
 IBU CUP BIATHLON

Appendix 4
REQUEST FOR WAX TRUCK

To be returned by 28.1.2017 to Kontiolahti Biathlon Office
 E-mail: teams@biathlon-kontiolahti.fi, Fax +358 13 732 402

National Association:
Contact person:
Mobile phone:
E-mail:

WAX TRUCK Total weight:	Measurements Length: Width: Height:	Electric power Ampere:
Entrance door on the <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Back side	Arrival date and time:	Departure date and time:
Special request:		

Date _____ Signature / National Federation _____