



**Registration form IFFR Nordic section Fly  
In Riga 7th – 10th August 2025**

**REGISTRATION FORM**

Means of transportation By car:      Other:		Aircraft Registration	Aircraft Make & Model
Pilot surname			Pilots first name
Pilot Passport no			Pilot Nationality
Pilots Address			Date of birth yy-mm-dd
Pilots home number		Pilots mobile number	
Pilots e-mail address			
Person to be contacted in case of emergency		Contact phone number	
Allergies or dietary restrictions		Any special request	

I confirm that I will fly in a legal manner within the limitations of my license and rating.  
All flight operations will be the pilot's responsibility.

Pilot's signature: \_\_\_\_\_

Send Registration form to: [megija@yourrun.lv](mailto:megija@yourrun.lv)

Program Fee: 395 EUR per person. The fee includes all bus transfers, entrance fees, meals (excluding drinks), entrance tickets, guided tours.

After registration confirmation, you will get invoice to your e-mail for fee payment.

Main hotel for participants is [WELLTON RIVERSIDE SPA RIGA HOTEL](#)

Hotel booking & payments have to be made directly with hotel – we have arranged a special deal for all participants.

To book the hotel, please use code "IFFR2025" when booking directly on hotel website or via e-mail: [reservations.riverside@wellton.com](mailto:reservations.riverside@wellton.com) and you will get 10% discount on your accommodation booking. Specific requests are taken directly with the hotel such as special beds, etc.

**WELCOME TO RIGA IFFR NORDIC SECTION**  
More information at [www.iffir.net](http://www.iffir.net) or contact Janis Andersons +371 28 68 08 88



## Registration form IFFR Nordic section Fly In Riga 7th – 10th August 2025

### Passenger 1

Surname	First name	
Passport no	Nationality	
Address		Date of birth yy-mm-dd
Phone home number	Mobile number	
Person to be contacted in case of emergency	Contact Phone Number	
Allergies or dietary restrictions	Any special request	

### Passenger 2

Surname	First name	
Passport no	Nationality	
Address		Date of birth yy-mm-dd
Phone home number	Mobile number	
Person to be contacted in case of emergency	Contact Phone Number	
Allergies or dietary restrictions	Any special request	

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**Passenger 3**

Surname	First name	
Passport no	Nationality	
Address		Date of birth yy-mm-dd
Phone home number	Mobil number	
Person to be contacted in case of emergency	Contact Phone Number	
Allergies or dietary restrictions	Any special request	

**Any other important information:**

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