



Team License Form

Please write all data below

TEAM INFORMATION

| | | | |
|-----------------|--|----------------|--|
| Name: | | | |
| Address: | | | |
| Tel No: | | Fax No. | |
| Website: | | | |
| E-Mail: | | | |

SELECT TYPES COMPETITION LICENSES OF THE OPTIONS BELOW

| | | | |
|-------------------------|-------------------------------------|--|---|
| License for: | Automobile <input type="checkbox"/> | Motorbike <input type="checkbox"/> | |
| Category: | KART <input type="checkbox"/> | TOUR <input type="checkbox"/> | CIRCUIT RACE (A) <input type="checkbox"/> |
| | SPEED <input type="checkbox"/> | SPEED (D) <input type="checkbox"/> | CIRCUIT RACE (B) <input type="checkbox"/> |
| | DRAG <input type="checkbox"/> | RALLY <input type="checkbox"/> | CIRCUIT RACE (C) <input type="checkbox"/> |
| Type of license: | National <input type="checkbox"/> | International <input type="checkbox"/> | |

Team Members

| Member Name | License No | Position | Notes |
|-------------|------------|----------|-------|
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Short Notes About The Team

FOR OFFICIAL USE ONLY

| | | | |
|--------------------------------|--|-----------------------------------|--|
| Accept the application: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| License No: | | | |
| Type of payment: | Bank transfer <input type="checkbox"/> | Cash <input type="checkbox"/> | |
| The Bank transfer No: | | Date of the Bank transfer: | |

Signed Charge: _____ Date: / /