

APPLICATION FORM

Fill in and hand in at the administrative check

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Competitors – team

Start number:

Crew:

1. Name:	Surname:	Date of Birth/ Passport Number:
2. Name:	Surname:	Date of Birth/ Passport Number:
3. Name:	Surname:	Date of Birth/ Passport Number:
4. Name:	Surname:	Date of Birth/ Passport Number:
5. Name:	Surname:	Date of Birth/ Passport Number:

Car make:

Type:

Number Plate (if assigned)

Engine (type, cc)

Fuel:

Responsible (contact) person:

Date of Birth
Passport Number:

Address:

Tel.:

E-mail.

Escort:

Hereby I confirm, that all the team members acknowledge that they take part in the sport event at their own risk and are fully responsible for all the damages and injuries they cause. Send the application forms to the email info@arcbrno.cz. Further information: Petr Verner, tel: +420 737 216 790 or Pavel Verner, tel: +420 739 735 824 Please send the starting fee to the bank account at Raiffeisen BANK č. 471220763/5500. SWIFT: RZBCCZPP, IBAN: CZ985500000000471220763.

As variable symbol use the assigned start number you will get at the telephone number above.

Place: date:

Signature: