## TEAM ENTRY FORM 2019



2	RANKING: ☐ PRO ☐ CORPORATE
I I	NATIONS CUP ELIGIBLE: YES NO
7	(all driver nationalities the same)

DATE

TEAM NAME:					RACES ENTERED:	
TEAM MANAGER NAME:PHONE NUMBER:		NATIONALITY	:BIRTHDAY:	OND CONTRACTOR	Round 1: 12hr (1-2 March 2019)  Round 2: 600laps (26-27 April 2019)	
		EMAIL:			·	ound 3: 700km (18-19 October 2019) <b>TBC</b> ound 4: 24hr (13-14 December 2019) <b>TBC</b>
	NAME:	NATIONALITY:	DRIVER LICENSE NO.:	PHONE NUMBER:	BIRTHDAY:	AGE:
DRIVER CAPTAIN						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
			1	,	'	
PROGRAMME, PLEA  ☐ TEAM & SPONSO  EPS or Al format p  ☐ 1 TEAM PHOTO  You may submit r	R LOGOS oreferred. more, but only one photo is	Round 2 (Al	ED 8,250)	prior to Round 1 (AED 38 T: AED  MASTERCARD  UMBER:		
	DRIVER CAPTAIN DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER DRIVER  TO SHOWCASE YOUPROGRAMME, PLEAM TEAM & SPONSO EPS or Al format programmer of the programmer of	NAME:  DRIVER CAPTAIN  DRIVER  TO SHOWCASE YOUR TEAM IN THE OFFICIAL RACE PROGRAMME, PLEASE SUBMIT THE FOLLOWING:  TEAM & SPONSOR LOGOS  EPS or Al format preferred.	NAME: NATIONALITY:  DRIVER CAPTAIN  DRIVER  DR	PHONE NUMBER:    NAME:   NATIONALITY:   DRIVER LICENSE NO.:	PHONE NUMBER:    DRIVER CAPTAIN	NAME:  NATIONALITY:  DRIVER LICENSE NO:  PHONE NUMBER:  BIRTHDAY:  DRIVER  DRI

A LIST OF YOUR PIT CREW (MM/YY) Names and nationalities. ☐ I am authorized to make payment on behalf of the Team; I acknowledge and agree that the Team will be bound by PRINT NAME ☐ TEAM DESCRIPTION these terms; I acknowledge, without limitation, that all 150 words or less. Longer text will be edited. funds must be received prior to participation. SIGNATURE