



2020 TEAM ENTRY FORM

YOUR TEAM

TEAM NAME: _____

PRIMARY EMAIL CONTACT: _____

PRIMARY PHONE CONTACT: _____

TEAM CLASSIFICATION

PLEASE CHECK THE CATEGORIES THAT APPLY TO YOUR TEAM:

- Corporate** – All drivers employed by one company.
- Nations Cup** – All drivers of the same nationality.
- GCC Cup** – All drivers of a GCC nationality (UAE, Bahrain, Kuwait, Oman, Qatar & Saudi Arabia).

YOUR CREW

	NAME:	NATIONALITY:	DRIVER LICENSE NO.:	PHONE NUMBER:	BIRTHDAY:
TEAM MANAGER					
1. DRIVER CAPTAIN					
2. DRIVER					
3. DRIVER					
4. DRIVER					
5. DRIVER					
6. DRIVER					
7. DRIVER					
8. DRIVER					

PAYMENT



Early Bird Pricing Available!

Please call: +971 (4) 806 2230

- RD1 400Laps** 28 February 2020 (Race Completed)
- RD2 7 Hours** Date TBA (AED 5,650)
- RD3 700KM** Date TBA (AED 8,250)
- RD4 24 Hours** Date TBA (AED 16,350)

TOTAL: AED _____

VISA MASTERCARD

EXPIRY DATE: (MM/YY)

CARD NUMBER:

TRANSFER **Please make payable to:** Dubai Autodrome, L.L.C.

Bank: Emirates Bank Intl. Main Branch, Dubai

CHEQUE **IBAN No.** AE780260001011157693601

I am authorized to make payment on behalf of the Team; I acknowledge and agree that the Team will be bound by these terms; I acknowledge, without limitation, that all funds must be received prior to participation.

PRINT NAME

SIGNATURE

DATE