

ENTRY FORM

BMW XTREME RACE 20_____

| | | | | | |
|---|-------------------|-------------------------------|--|--|---|
| <input type="checkbox"/> RACE 1 <input type="checkbox"/> RACE 4 <input type="checkbox"/> ALL RACES <input type="checkbox"/> RACE 2 <input type="checkbox"/> RACE 5 <input type="checkbox"/> RACE 3 <input type="checkbox"/> _____ <input type="checkbox"/> SERIES | | Race number | Class | BMW Xtreme Race | |
| Name of driver 1 | | Date of birth | | Location and nationality | |
| Address | | Abbreviation of the club name | | | |
| Drivers licence number | | Club | | International licence <input type="checkbox"/> | National licence <input type="checkbox"/> |
| Name of driver 2 | | Date of birth | | Location and nationality | |
| Address | | Abbreviation of the club name | | | |
| Drivers licence number | Name of the team | | | International licence <input type="checkbox"/> | National licence <input type="checkbox"/> |
| Make of car | Type/model of car | Year manufactured | My AMB transponder no. <input type="checkbox"/> I would like to rent a transponder | | |
| FIA homologation form number | HTP form number | | Cylinder capacity <div style="text-align: right;">CC</div> | | |
| Name of entrant | | | Entrant licence number | | |
| Bank and account number | | | | | |
| Name and full address to which all relevant information can be send | | | | | |
| Telephone number | | | E-mail address | | |
| <p>By signing this confirm that I have read the race regulations and I am committed to follow them. I take part in the event on my own responsibility.</p> <p>Signature (driver or entrant) _____ Place and date _____</p> | | | | | |
| <p>Please fill in and return this entry form by e-mail to the addresses: kari@xtremerace.fi and henri.karjalainen@autourheilu.fi</p> | | | | | |

