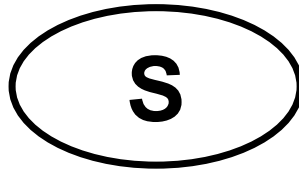


ENTRY FORM

FIA EUROPEAN CHAMPIONSHIPS FOR RALLYCROSS DRIVERS - ERA - CUP



Höljes

03-05 / 07 / 2009

ORGANIZER

FINNSKOGA MK

Motorstadion

S- 68065 Höljes

SWEDEN

Tel: +46 564 20202

Fax: +46 564 20111

E-mail: info@finnskogamk.se

CLOSING DATE FOR ENTRY

The entry must reach the organiser by:

19. 06. 2009

Entry fee: €150

Entry fee for later entry: €250

COMPETITOR

Name:

Nationality:

Address:

Tel:

Fax:

E-mail:

Division:

1

1A

2

Start number:

Competition licence numbers :

Competitor:

Driver:

Signature

Competitor:

Driver:

Date:

DRIVER

Name:

Date of Birth:

Nationality:

Address:

Tel:

Fax:

E-mail:

A.S.N. (Visa Stamp):

Make Model cc hp.....

FIA - Homologation N°

FIA Technical Passport N°.....

Transponder N°

Turbo Yes
No

4WD

Yes
No

Weightkg

We confirm that we have read and understood the provisions of the International Sporting Code, the Rallycross Technical Regulations and the Rallycross Sporting Regulations and we agree, on our own behalf and on behalf of everyone associated with our participation in the FIA European Championships for Rallycross drivers, to observe and be bound by them (as supplemented or amended). We declare that we have examined this Entry Form and that the information given is true, correct and complete. We understand that any change to the details given on this Entry Form must be notified to the organiser.

PADDOCK SPACE RQUIRE

a maximum of 120 sqm (15m x 8m) for each competitor is reserved.

Sketch of bus, tent, car etc. with length and exit direction:

PUBLICITY INFORMATION

Please provide as much informations as you can regarding the driver, the car, the sponsors, the team etc. so that we can use it to your and our advantage. Enclose your own prepared information if you can. Give us the name and contact details for your press officer or the person who can give us most information.

Driver:

Car:

Sponsor:

Other:

Contact person: