 

E N T R Y F O R M

(for 1 or 2 races)

**Entry Number**

**(written by Organizer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Entrant -Team Name** |  | | |
| **COMPETITOR** | **DRIVER** | | **CODRIVER** |
| Name & Surname |  | |  |
| Date of Birth |  | |  |
| Mobile Telephone (used in race) |  | |  |
| Email |  | |  |
| Nationality |  | |  |
| Address |  | |  |
| Driving License No. |  | |  |
| Race License No. |  | |  |
| Member of Motorsport Club (if any) |  | |  |
| Contact Name in case of emergency |  | |  |
| Telephone No. in case of emergency |  | |  |
| **RACING VEHICLE** | | | |
| GROUP – CLASS (T1, T2, T3, TH, TZ1, SSV) | |  | |
| Owner’s Full Name | |  | |
| Manufacturer | |  | |
| Model | |  | |
| Plate No. | |  | |
| Chassis No. | |  | |
| Cylinder Capacity c.c. | |  | |
| Fuel | | **Petrol Diesel** | |
| Turbo | | Yes No | |
| Technical Passport No. (if exists) | |  | |
| Insurance Company – Policy No. | |  | |
| **SERVICE VEHICLE** | | | |
| Owner’s Full Name | |  | |
| Manufacturer - Model | |  | |
| Plate Number | |  | |
| Insurance Company – Policy No. | |  | |

**ENTRY FEES**

(check **√** one of the two options)

**1200€ I register only for RALLY GREECE OFFROAD**

**1500€ I register for RALLY GREECE OFFROAD and BAJA GREECE\***

**\***reduced entry fee for 2 races is valid only if full payment is received until 20-4-2020. No refund in case of not starting Baja Greece. 900€ refund in case of not starting Rally Greece Offroad.

**Declaration: I declare that I have read and I fully understand and accept General Regulations and Supplementary Regulations of these events. I declare that in no case I will claim from events Organizers or parent ASN any compensation that may result as physical, material or moral damage that may occur by my participation to this event. I fully understand that in this event I may face situations with danger and I declare that I accept the consequences. I declare that I will be using, for the entire period of the events, all necessary safety equipment (helmet, harnesses and fire proof clothing). I declare that my competition vehicle fully complies with safety standards that are imposed by Organizers through event’s regulations. I also declare that I am responsible for GPS - Tracker kit that Organization will provide for my vehicle and I will compensate it in case of loss or damage by my fault.**

**I declare that all above written are true.**

|  |  |  |
| --- | --- | --- |
| **Date and Place** | **Driver**  **Signature** | **Co Driver**  **Signature** |

**Please send Entry Form to: info@rallygreeceoffroad.gr**

**Organizer’s Bank Details:**

**BENEFICIARY:**

ATTICA MOTORSPORT CLUB

**ADDRESS:**

NAP.ZERVA 3, AGIOS STEFANOS

14565, ATHENS, GREECE

**BANK:**

PIRAEUS BANK

1850 BRANCH, Ave.MARATHONOS 3

14572, DROSIA, ATHENS, GREECE

**IBAN:**

GR14 0171 8500 0068 5014 5559 125

**BIC:**

PIRBGRAA

**CURRENCY:**

EURO €

