shakedown REGISTRATION FORM

CAR NUMBER

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **COMPETITOR INFORMATION** | |
| Driver |  |
| Co-Driver |  |
| Mobile phone |  |
| Team contact person |  |
| Mobile phone |  |

|  |  |
| --- | --- |
| **DETAILS OF THE CAR** | |
| Make and model |  |
| Registration No. |  |
| Colour |  |

|  |  |
| --- | --- |
| **DATE** | **SIGNATURE** |
|  |  |

The completed registration form must be returned to the Organiser’s e-mail [info@rally-croatia.com](mailto:info@rally-croatia.com) by Thursday 8 April.