shakedown REGISTRATION FORM

CAR NUMBER

|  |
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| **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 by Thursday 8 April.