

ENTRY FORM FOR FOREIGN PARTICIPANTS ONLY



SPACE RESERVED FOR THE ORGANIZATION			
<small>RESERVAZIONE ALL'ORGANIZZATORE</small>	PAGATO	TIPO PAG.	
PROT. N°	GRUPPO	CLASSE	N° GARA
DATA ARRIVO			
Web Site: www.italianbaja.com			
Mail to: service@italianbaja.com			
Contatti: info@italianbaja.com - +39 0434 208484			

NATIONAL CHAMPIONSHIP

OPENING DATE FOR ENTRIES FRIDAY 09/07/2021 - 09:00 AM

CLOSING DATE FOR ENTRIES MONDAY 30/08/2021 - 10:00 AM

	Competitor	Driver	Co-Driver
Surname			
First Name			
Place of Birth			
Date of Birth			
Nationality (As on the licence)			
Postal Address - City			
Postal Address - Street			
Postal Code			
Mobile Phone Nr.			
Medical Certificate Issue Date			
Medical Certificate Issue Exp. Date			
E-mail			
Driving License Nr.			
Driving License 1st Issue Date			
Driving License Exp. Date			
Competition Licence Nr. & Category & Issuing ASN			
Team		Licence	

Car Identification			
		GROUP	CLASS
Manufacturer			
Model			
Chassis nr.			
Plate nr.			
Engine Capacity			
Fiche Homologation n°			
Passport/Logbook nr.			
Renter License ONLY IF ITALIAN			
Preparator License ONLY IF ITALIAN			

Please note that Competitors and FOREIGN Drivers who wish to participate in a national or international Race organized in Italy MUST have the AUTHORIZATION of their ASN. The authorization has to be shown to the Organizer

SHAKEDOWN Friday, 10/09/2021 from 08.00 AM to 10:00 AM	YES	NO
SHAKEDOWN ENTRY FEE	EURO 350,00 (VAT EXCLUDED) – 427,00 (VAT INCLUDED)	

Competitor Signature

Driver Signature

Co Driver Signature

Entries will only be accepted if accompanied by the entry fees

Payment methods accepted: BANK TRANSFERS ONLY

Please send Your Entry Form to:

service@italianbaja.com

Organiser's bank details:

Bank name: BANCA DI CREDITO COOPERATIVO PORDENONESE

Account holder: Fuoristrada Club 4x4 Pordenone

IBAN: IT 18 K 08356 12503 000000024944

SWIFT CODE: ICRAITRR9W0

Copy of the Entry Fee Payment must be sent to the following address: service@italianbaja.com

INVOICING DETAILS

ATTENTION: IN CASE OF OMITTED INDICATION, THE INVOICE WILL BE HEADED TO THE COMPETITOR WITHOUT THE POSSIBILITY OF BEING MODIFIED.

BUSINESS NAME			
TOWN	STREET	NR.	POSTAL CODE
VAT NUMBER		 	
EMAIL		MOBILE PHONE	

SERVICE AREA

COMPETITORS ARE KINDLY ASKED TO INFORM THE ORGANIZER THE PRESENCE OF SPECIAL NEEDS OR THE PRESENCE OF MORE COMPETITORS IN THE SAME SERVICE SPACE STRICTLY WITHIN MONDAY 30/08/2021

REQUEST NOT COMMUNICATED WITHIN THE TERMS CANNOT BE GUARANTEED.

All request must be asked to:

service@italianbaja.com

Mail Subject: Service Area Request