CREW – TEAM LIST

TO BE ADVANCED TOGETHER WITH ENTRY FORM BEFORE 30/06/2022 AT :

entry@italianbaja.com

The Undersigned_____

Competitor

DECLARES

Team Name _____ _____

Team Representative ____ _____

Mobile Phone__ _____ Email _____

Team Representative/Team Manager must be included in the list below, unless he/she is already in another team list, and so already in possession of a wristband;

PRIVATE COMPETITOR

Team Composition:
Driver, Co Driver + 4 Staff Member

ROLE	NAME	SURNAME	LICENSE NR. (*)	LICENSE CATEGORY	MOBILE PHONE NR.
DRIVER					
CO-DRIVER					
STAFF 1					
STAFF 2					
STAFF 3					
STAFF 4					

LEGAL ENTRY COMPETITOR

Team Composition:
Driver, Co Driver + 6 Staff

ROLE	NAME	SURNAME	LICENSE NR. (*)	LICENSE CATEGORY	MOBILE PHONE NR.
DRIVER					
CO-DRIVER					
STAFF 1					
STAFF 2					
STAFF 3					
STAFF 4					
STAFF 5					
STAFF 6					

(*) LICENSE IS NOT MANDATORY FOR ALL COMPONENTS OF THE TEAM.

EACH COMPONENT OF THE TEAM MUST RELEASE THE ORIGINAL COVID DECLARATION TO BE DELIVERED TO THE ACCREDITATION CENTER FOR THE SOLE IN CHARGE TO COLLECT THE MATERIAL.

TO AVOID QUEUES AND GATHERINGS, WRITE BELOW THE NAME OF THE PERSON THAT WILL COLLECT WRISTBANDS

TO AVOID ASSEMBLIES AND LONG QUEUES, WE ASK YOU TO INTRODUCE YOU WITH ALL THE COMPLETED AND SIGNED DOCUMENTATION

_____ il _____ _____

(Place) (Date) (The Competitor)