

E N T R Y F O R M

**Entry Number**

**(written by Organizer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Entrant -Team Name – Sponsor** | **>** | | |
| **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, T4, TH, TZ1, SSV,RAID) | |  | |
| 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. | |  | |
| **ITALIAN CCR CHAMPIONSHIP** | | | |
| I wish to compete in the ICCRC event | | Yes No | |
|  | |  | |
|  | |  | |

**ENTRY FEES**

**1.250€**

T1, T2, T3, T4, TH, TZ1, SSV

**450€**

RAID

**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 event 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, FHR system, 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 device and any other equipment that Organization will provide for my vehicle and I will compensate it in case of loss or damage by my fault. I declare that the driver and co-driver have personal accident insurance policy that can cover repatriation expenses. I permit Organizers to elaborate, store and use my personal data according to E.U. GDPR regulation and only for the purpose of the race.**

**I fully understand this declaration and I confirm that is true.**

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

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

**Financial 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 €

