

**ENTRY FORM****PERSONAL DETAILS**

Driver Name: \_\_\_\_\_ Racing Number: \_\_\_\_\_

Contact Number (Mobile): \_\_\_\_\_ Contact Number (Home): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Transponder Number: \_\_\_\_\_

Does Driver have any disability or is taking any prescribed drugs which should be notified to Circuit Medics?  Yes  No**NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF SERIOUS ACCIDENT IN THE EVENT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

**EVENT ENTERED****EVENT:** Round 1  Round 2  Round 3  Round 4  Round 5  Round 6  Round 7**PAYMENT DETAILS** Single Round: AED 315

Payment made by:

 Cash/Card  Cheque (payable to RAK Track)  Transfer to Account

Account Name:	RAK Track
Bank Name:	National Bank of Ras Al Khaimah (RAK Bank)
Bank Address:	Al Nakheel Branch
Account Number:	0022 106562 001
IBAN #	AE22 0400 0000 2210 6562 001
BIC/Swift Code:	NRAKAEAK

**DECLARATION**

1. I have been given the opportunity to read the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent in motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.
2. To the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.
3. I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the licence issuing authority which has, following such declaration issued a licence which permits me to do so.
4. Any application form which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.
5. If I am the Parent/Guardian/Guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the terms of the present Code.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

**NOTE: ALL sections of this Entry Form must be completed.****Please submit in person at:**

RAK Track

P.O. Box: 2120 Ras Al Khaimah

or

**Send by e-mail:**

info@raktrack.ae