



ENTRY FORM

BMW XTREME CUP 2017

- RACE 1 RACE 4 ALL RACES
 RACE 2 RACE 5
 RACE 3 RACE 6 SERIES

Race number

Class

BMW Xtreme Cup

Name of driver 1

Date of birth

Location and nationality

Address

Abbreviation of the club name

Drivers licence number

Club

International licence

National licence

Name of driver 2

Date of birth

Location and nationality

Address

Abbreviation of the club name

Drivers licence number

Name of the team

International licence

National licence

Make of car

Type/model of car

Year manufactured

My AMB transponder no. I would like to rent a transponder

FIA homologation form number

HTP form number

Cylinder capacity

CC

Name of entrant

Entrant licence number

Bank and account number

Name and full address to which all relevant information can be send

Telephone number

E-mail address

By signing this confirm that I have read the race regulations and I am committed to follow them.
I take part in the event on my own responsibility.

Signature (driver or entrant)

Place and date

Please fill in and return this entry form by e-mail to the addresses:

kari@xtremerace.fi and toomas.lambin@amk.ee