

Registration Form

I hereby apply for registration for the NGK Racing Series Team Championship 2016/17.

Name of Driver

Address:

City/town:

P.O. Box:

Contact No:

Mobile No:

Email address:

Competition License Number: Issued By:

Name of Entrant (if different)

Address:

City/town:

P.O. Box:

Contact No:

Mobile No:

Email address:

Entrants License Number: Issued By:

Please specify contact for all correspondence ☐ Driver ☐ Entrant

Previous racing experience of driver.....

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PLEASE ATTACH RACING HISTORY CV GIVING AS MUCH INFORMATION AS POSSIBLE.

Car Details

Make..... Model.....Year.....

cc..... Turbocharged or Supercharged

Declared Weight of car (4.15).....

Stated power level (bhp at the wheels, please provide certificate).....

Roll Cage Make Certificated By

Fuel Cell Make FIA Number

If exception under 4.3.11, date applied for.....

Transponder Model Transponder Number.....

Declared maximum Rev Limit Date of Dyno Test

Dyno sheet attached ☐

Class entered:

3: GTA cars,
Min 3.0kg/hp FIA Homologated GT3 Cars ☐

4: GTB cars,
Min 3.6kg/hp including Cup and Challenge Cars ☐

5: GTC cars,
Max 4.7kg/hp FIA Homologated GT4 Cars ☐

6: Cars that do not comply with UAE Touring Car
or Classes 3, 4 or 5 Regulations ☐

Numbers 1, 20 and 40 are reserved for the current UAE Touring Car class champions.

Car Number Preferred

N.B. Numbers issued on a first come/first served basis at the final discretion of the Organizers.

I hereby certify that all the information given above is accurate and true.
(The Series regulations, Judicial Arrangements and Commercial Undertakings are to follow and a registration fee of AED 2000/- will be levied on acceptance of these, to enter the Championship.)

Name..... Signature..... Date.....

Once completed, this form must be submitted prior to the first event entered to;
DAMC, Dubai Autodrome, P.O. Box 57331, Dubai, UAE
Fax: +971 4 3678750 or email to: richam@dubaiautodrome.com