

Registration Form All Entries Must Complete;

I hereby apply for registration for the UAE Sport Bike Championship 2016/17.
Name of Rider
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 Rider Entrant
Previous racing experience of Rider
PLEASE ATTACH RACING HISTORY CV GIVING AS MUCH INFORMATION AS POSSIBLE.



Bike Details;	
Make	Year of Manufacture
Model	
Frame Number	
Manufacturer's stated	weight
Declared weight of bik	e Declared power level (bhp)
Declared maximum Re	ev Limit Date of Dyno Test
Dyno sheet attached	
Class; 600cc	600cc Rookie 1000cc Invitational
Detail Modifications made	to standard bike
Bike Number Preferred;	
N.B. Numbers issued on a	a first come/first served basis at the final discretion of the Organizers.
I hereby certify that all the	e information given above is accurate and true.
	ations, Judicial Arrangements and Commercial Undertakings are to follow and a 000/- will be levied on acceptance of these, to enter the Championship.)
Name	
	n must be submitted prior to the first event entered to; DAMC, Dubai Autodrome, JAE Fax: +971 4 3678750 or email to: richam@dubaiautodrome.com