

TEAM ENTRY FORM 2017

Please fill out the form below and fax back to **04 367 8750** or email back to **karting@dubaiautodrome.com**

STATUS

RANKING: ☐ PRO ☐ CORPORATE
NATIONS CUP ELIGIBLE: ☐ YES ☐ NO
(all driver nationalities the same)

DETAILS

TEAM NAME: _____
TEAM MANAGER NAME: _____ NATIONALITY: _____ BIRTHDAY: _____
PHONE NUMBER: _____ EMAIL: _____

ROUNDS

RACES ENTERED:
☐ Round 1: 12hr (10-11 February 2017)
☐ Round 2: 600laps (28-29 April 2017)
☐ Round 3: 700km (TBA October 2017)
☐ Round 4: 24hr (TBA December 2017)

DRIVERS INFO


	NAME:	NATIONALITY:	DRIVER LICENSE NO.:	PHONE NUMBER:	BIRTHDAY:	AGE:
DRIVER CAPTAIN						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
DRIVER						
DRIVER						

RACE PROGRAMME INFO

TO SHOWCASE YOUR TEAM IN THE OFFICIAL RACE PROGRAMME, PLEASE SUBMIT THE FOLLOWING:

- ☐ TEAM & SPONSOR LOGOS
EPS or AI format preferred.
- ☐ 1 TEAM PHOTO
You may submit more, but only one photo is guaranteed to be used. Orientation: landscape.
- ☐ A LIST OF YOUR PIT CREW
Names and nationalities.
- ☐ TEAM DESCRIPTION
150 words or less. Longer text will be edited.

PAYMENT INFO

- ☐ Round 1 (AED 8,400) ☐ All Rounds (AED 39,500)
 - ☐ Round 2 (AED 7,800) ☐ Early Bird: Total paid prior to Round 1 (AED 37,000) 
 - ☐ Round 3 (AED 7,800)
 - ☐ Round 4 (AED 15,500)
- TOTAL AMOUNT: AED _____

☐ TRANSFER ☐ CHEQUE ☐ VISA ☐ MASTERCARD

Please make payable to: Dubai Autodrome, L.L.C.

Bank: Emirates Bank Intl. Main Branch, Dubai

IBAN No. AE780260001011157693601

CARD NUMBER:

EXPIRY DATE:
(MM/YY)

____/____/____

- ☐ I am authorized to make payment on behalf of the Team;
I acknowledge and agree that the Team will be bound by these terms; I acknowledge, without limitation, that all funds must be received prior to participation.

PRINT NAME

SIGNATURE

DATE