## 2020 TEAM ENTRY FORM DUBAI KARTDROME SPONDURANCE CHAMPIONSHIP

Fill out the form below and fax back to **04 367 8750** or email back to **amaln@dubaiautodrome.com** 



YOUR TEAM  TEAM NAME:  PRIMARY EMAIL CONTACT:  PRIMARY PHONE CONTACT:		TEAM CLASSIFICATION  PLEASE CHECK THE CATEGORIES THAT APPLY TO YOUR TEAM:  Corporate – All drivers employed by one company.  Nations Cup – All drivers of the same nationality.  GCC Cup – All drivers of a GCC nationality (UAE, Bahrain, Kuwait, Oman, Qatar & Saudi Arabia).		
YOUR CREW NAME:	NATIONALITY:	DRIVER LICENSE NO.:	PHONE NUMBER:	BIRTHDAY:
TEAM MANAGER				
1. DRIVER CAPTAIN				
2. DRIVER				
3. DRIVER				
4. DRIVER				
5. DRIVER				
6. DRIVER				
7. DRIVER				
8. DRIVER				
PAYMENT SAVEL Early Bird Pricing Available Please call: +971 (4) 806 220 RD1: 400Laps 28 February 2020 (Race Complete RD2: 6 Hours 17-18 September (Race Complete RD3: 12 Hours 16-17 October (AED 8,250) RD4: 24 Hours 11-12 December (AED 16,350)	CARD NUMBER:  TRANSFER Please ma Bank: Emi	EXPIRY DATE:  Ske payable to: Dubai Autodrome, L.L.C. rates Bank Intl. Main Branch, Dubai AE780260001011157693601	l am authorized to make payi I acknowledge and agree tha these terms; I acknowledge, v funds must be received prior	t the Team will be bound by without limitation, that all