

Drivers List

Please fill this Form with all the informations and send it by fax to the following number: **+39-0575/815878**.

Members of Team :.....

Team Manager (if he/she is one of the drivers, just write his/her name and surname in “Driver 1” description):

Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 1: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 2: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 3: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 4: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 5: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 6: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City..... Address:.....

Driver 7: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City.....Address:.....

Driver 8: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City.....Address:.....

Driver 9: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City.....Address:.....

Driver 10: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City.....Address:.....

Driver 11: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City.....Address:.....

Driver 12: Nationality:.....**FullName:**.....

E-mail:..... Mobile:..... Date of Birth:...../...../.....

City.....Address:.....

Team Manager can register drivers number 11 and 12 ONLY if the Team will start for Race-1 AND Race-2.

We remind you that all the drivers must have a Medical Certificate that proves their good state of health. This Certificate must be give to the Staff during the Registration procedures on Saturday, 28- June 2008.

Team manager:.....date:.....Signature:.....