

TOUGH TRACKS 4X4 CHALLENGE NOMINATION FORM



TEAM DETAILS

Team No:			
Team Name:			
Name of affiliated club in which you are a member:			
Vehicle Class: TROPHY / CHALLENGE (please circle)			
Cost:	Club Members:	\$50	Non-club members: \$75

DRIVER

Name:		
Address:		
City:	State:	Post Code:
Telephone:	Email:	
License No:		
Emergency Contact - Name		
- Telephone		

NAVIGATOR

Name:		
Address:		
City:	State:	Post Code:
Telephone:	Email:	
License No:		
Emergency Contact - Name		
- Telephone		

NOTE: All vehicles MUST have compulsory third party extension insurance. Please note that this is an extension of your vehicle's CTP insurance. A copy of your CTP extension must accompany this entry form or be handed in at sign-on the morning of the competition. **YOU WILL NOT BE ALLOWED TO COMPETE IF YOUR VEHICLE DOES NOT HAVE CTP EXTENSION INSURANCE.**

If you do not wish for your name and/or team name to be published with your competition results on the club website please tick this box

Disclaimer: Promoters, staff and volunteers of this event take no responsibility for any damage and/or injury incurred while competing in this event. All competitors enter at their own risk. All decision made will be final. The promoters and organizers of the event have the right to remove anyone from the event.