

* Denotes required fields

TEAM

Name _____ Motorcycle's Brand* _____

Motorcycle's Model _____

Workshop Address* _____ Post Code* _____

City* _____ Country* _____

Phone* _____ Fax _____ e-mail* _____

Web Site _____

TEAM MANAGER

Surname* _____ Name* _____

Mobile Phone* _____ Phone* _____

E-mail* _____ Fax _____

PRESS OFFICER

Surname _____ Name _____

Mobile Phone _____ Phone _____

E-mail _____ Fax _____

ADMINISTRATIVE INFO (for invoice purposes)

Company Name* _____

Company Legal Address* _____ Post Code* _____

City* _____ Country* _____

Legal Representative: Surname* _____ Name* _____

Administrative Contact: Surname* _____ Name* _____

Phone* _____ Fax _____ E-mail* _____

Tax No. _____ VAT No.* _____ Codice Fiscale (Italy only) _____

Bank _____ Bank Account No. _____

IBAN _____ BIC code / SWIFT code _____

RIDER 1 _____ Preferred Race Numbers* _____

Surname* _____ Name* _____

Place of Birth* _____ Country* _____

Date of Birth* _____ Full Address* _____

Licence No. _____ Issued by _____

Mobile Phone* _____ Phone _____ Fax _____

Personal e-mail* _____ Personal Web site _____

Career/Best Results* _____

* Denotes required fields

RIDER 2		Preferred Race Numbers	_____
Surname	_____	Name	_____
Place of Birth	_____	Country	_____
Date of Birth	_____	Full Address	_____
Licence No.	_____	Issued by	_____
Mobile Phone	_____	Phone	_____
		Fax	_____
Personal e-mail	_____	Personal Web site	_____
Career/Best Results	_____		

TECHNICAL VAN 1 (including tractor)	
Length (meters)	_____
Width (meters)	_____

TECHNICAL VAN 2 (including tractor)	
Length (meters)	_____
Width (meters)	_____

TECHNICAL VAN 3 (including tractor)	
Length (meters)	_____
Width (meters)	_____

HOSPITALITY (fully mounted)	
Length (meters)	_____
Width (meters)	_____

MOTORHOME RIDER 1		Plate	_____
Length (meters)	_____	Width (meters)	_____

MOTORHOME RIDER 2		Plate	_____
Length (meters)	_____	Width (meters)	_____