

OFFICIALS REGISTRATION FORM – 2009

CONTACT DETAILS

Name: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Mobile: _____ Email: _____

CAMS Licence #: _____ Licence Category: _____

Civil Licence #: _____ State Issued: _____

Date of Birth _____ / _____ / _____

Allergies or Medical Conditions: _____

AVAILABILITY

The 2009 schedule of events;

			THURSDAY TRAVEL		FRIDAY	SATURDAY	SUNDAY
			AM	PM			
Round 1	VICTORIA	May 29 – 31st, 2009					
Round 2	NEW SOUTH WALES	September 3 - 6th, 2009					
Round 3	WESTERN AUSTRALIA	October 23 – 25th, 2009					

*Dates subject to change.

Please E-mail completed form to: info@austriantarmacchallenge.com

OR

Fax: (03) 9005 2714