

* Denotes required fields

TEAM

Name* _____ Motorcycle's Brand* _____
 Motorcycle's Model _____
 Workshop Address* _____ Post Code* _____
 City* _____ Country* _____
 Phone* _____ e-mail* _____
 Web Site _____

TEAM MANAGER

Name* _____ Surname* _____
 Mobile Phone* _____ Phone* _____
 E-mail* _____

PRESS OFFICER

Name _____ Surname _____
 Mobile Phone _____ Phone _____
 E-mail _____

ADMINISTRATIVE INFO (for invoice purposes)

Company Name* _____
 Company Legal Address* _____ Post Code* _____
 City* _____ Country* _____

Legal Representative

Name* _____
 Surname* _____
 Passport/ID* _____
 Email* _____
 Mobile Phone* _____

Legal Delegate

Name _____
 Surname _____
 Passport/ID _____
 Email _____
 Mobile Phone _____

Administrative Contact: Name* _____ Surname* _____
 Phone* _____ E-mail* _____
 Tax No. (Non EU Cou.) _____ VAT No.* _____

Only for Italian Companies

Codice Fiscale _____
 Codice Univoco (SDI) _____
 Indirizzo PEC _____

RIDER 1		Preferred Race Numbers* _____
Name* _____	Surname* _____	
Place of Birth* _____	Nationality* _____	
Date of Birth* _____	Full Address* _____	
Passport/ID* _____	Mobile Phone* _____	
Personal e-mail* _____	Personal Web site _____	
<u>If under 18</u>		
<u>Father</u>	<u>Mother</u>	
Name _____	Name _____	
Surname _____	Surname _____	
Passport/ID _____	Passport/ID _____	
Email _____	Email _____	
Mobile Phone _____	Mobile Phone _____	
<u>Rider's Assistant</u>		
Name* _____	Surname* _____	
Passport/ID* _____	Place of Birth* _____	Nationality* _____
Date of Birth* _____	Full Address* _____	
Personal e-mail* _____	Mobile Phone* _____	

RIDER 2		Preferred Race Numbers _____
Name _____	Surname _____	
Place of Birth _____	Nationality _____	
Date of Birth _____	Full Address _____	
Passport/ID _____	Mobile Phone _____	
Personal e-mail _____	Personal Web site _____	
<u>If under 18</u>		
<u>Father</u>	<u>Mother</u>	
Name _____	Name _____	
Surname _____	Surname _____	
Passport/ID _____	Passport/ID _____	
Email _____	Email _____	
Mobile Phone _____	Mobile Phone _____	
<u>Rider's Assistant</u>		
Name _____	Surname _____	
Passport/ID _____	Place of Birth _____	Nationality _____
Date of Birth _____	Full Address _____	
Personal e-mail _____	Mobile Phone _____	

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

TECHNICAL TRANSPORTER 2 / HOSPITALITY (SBK, SSP Only) (including tractor)	
Length (meters) _____	Width (meters) _____

HOSPITALITY SBK, SSP Only (fully mounted)	
Length (meters) _____	Width (meters) _____

<u>PDK STRUCTURE / TECHNICAL AREA TEAMS</u> (fully mounted)	
Length (meters) _____	Width (meters) _____

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

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

EMAIL COMPLETED FORM TO: events2@ma.org.au