

2014 Season

ENROLMENT SUBMISSION FORM TO*:

☐ EVO

* 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 inve	pice purposes)
ADMINISTRATIVE INFO (for invo	pice purposes)
	pice purposes) Post Code*
Company Name*	
Company Name* Company Legal Address*	Post Code*
Company Name* Company Legal Address* City*	Post Code* Country*
Company Name* Company Legal Address* City* Legal Representative: Surname*	Post Code* Country* Name*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname*	Post Code* Country* Name* Name* E-mail*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Fax	Post Code* Country* Name* Name* E-mail*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. VAT No.	Post Code* Country* Name* Name* E-mail* Codice Fiscale (Italy only)
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. VAT No. Bank	Post Code* Country* Name* Name* E-mail* Codice Fiscale (Italy only) Bank Account No.
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. VAT No. Bank IBAN	Post Code* Country* Name* Name* E-mail* Codice Fiscale (Italy only) Bank Account No. BIC code / SWIFT code
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. Bank IBAN RIDER 1	Post Code* Country* Name* E-mail* Codice Fiscale (Italy only) Bank Account No. BIC code / SWIFT code Preferred Race Numbers*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. Bank IBAN RIDER 1 Surname* Place of Birth*	Post Code* Country* Name* E-mail* Codice Fiscale (Italy only) Bank Account No. BIC code / SWIFT code Preferred Race Numbers* Name*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. Bank IBAN RIDER 1 Surname* Place of Birth*	Post Code* Country* Name* E-mail* D.* Codice Fiscale (Italy only) Bank Account No. BIC code / SWIFT code Preferred Race Numbers* Name* Country* Iddress*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Tax No. VAT No. Bank IBAN RIDER 1 Surname* Place of Birth* Date of Birth* Full Address* Full Address*	Post Code* Country* Name* E-mail* D.* Codice Fiscale (Italy only) Bank Account No. BIC code / SWIFT code Preferred Race Numbers* Name* Country* Iddress*
Company Name* Company Legal Address* City* Legal Representative: Surname* Administrative Contact: Surname* Phone* Fax Tax No. VAT No. Bank IBAN RIDER 1 Surname* Place of Birth* Date of Birth* Licence No. Issued	Post Code* Country* Name* Name* E-mail* Codice Fiscale (Italy only) Bank Account No. BIC code / SWIFT code Preferred Race Numbers* Name* Country*



* Denotes required fields

RIDER 2	Preferred Race Numbers					
Surname			Name		_	
Place of Birth				Country		
Date of Birth	Full Addre	ess				
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 RIDI	ER 1		Plate			
Length (meters)			Width	(meters)		
MOTORHOME RIDI	ER 2		Plate			
Length (meters)			Width	(meters)		