

* 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)	_____