CITY HALL AUTOCROSS ENTRY FORM

OFFICIAL USE ONLY	
CLASS	CAR #

CLUB	**Central North Coast Sporting Car Club**
DATE	**Sunday, 30th June 2024**
ENTRY FEE	**$ 90**

COMPETITOR (CAR OWNER)	**DRIVER**
Name	**Name**
Address	**Address**
Date of Birth	**Date of Birth**
Phone	**Phone**
Mobile	**Mobile**
Email	**Email**
MA Licence #	**MA Licence #**
Club	**Club**
Member #	**Member #**
Emergency Contact & Number	**Emergency Contact & Number**

DESCRIPTION OF CAR								
Make	**Model**	**Year**	**Colour**	**Body Type**	**Capacity**	**2wd/4wd**	**Turbo**	**Class**