

2019 Championship Registration Form

Competitor (name in Logbook):	
Contact Ph:	Mobile:
Contact email:	
Postal Address:	
P/code	

Driver:	CAMS Lic #:
Contact Ph:	Mobile:
Contact email:	
Postal Address	
P/code	

Vehicle Details:	CAMS Log Book #:	
Make:	Model:	Colour:
Class: <input type="checkbox"/> Formula Ford (Fiesta) or <input type="checkbox"/> Formula Ford 1600 (Kent)		
Formula Ford Association Number		

Allocated Race #:	Dorian Transmitter #:	
--------------------------	------------------------------	--

Schedule of Fees (including GST)

Registration Fee: \$1540.00 One off registration fee payable (for Formula Ford) prior to 15/3/2019

Single event registration fee: \$275.00 registration fee payable (for Formula Ford) prior to the event. Nominated event: _____ (please specify venue and dates).

Registration Fee: \$110.00 One off registration fee payable (for Formula Ford 1600).

Once your registration fee is paid you will receive your race number for the 2019 season.

Please note that the registration form must be signed by the driver before the registration is complete.

In consideration of the Formula Ford Association Inc (the company) granting registration and entry into the 2019 Australian Formula Ford Championship (the Championship), I, the undersigned, being the driver and on behalf the competitor, Sponsor/s, Suppliers, Mechanics and other team members and persons associated with the team agree to be bound by the Sporting & Technical Regulations of the Championship whether issued by the Formula Ford Association Inc. and/or CAMS, the National Competition rules of CAMS or other controlling organisations and all bulletins or amendments issues for any meeting forming part of the Championship. I also certify that the particulars on this Championship Entry Registration Form are correct to the best of my knowledge.

Driver's Signature..... Name.....
Date.....

Please complete both pages of the form and return by 15th March 2019 to admin@formulaford.org.au.

Payment details:

EFT

Account name: **Formula Ford Association Inc**
BSB 013 423
Acc. 8636767
Include your surname

Credit Card Payment

PAYMENT TO COVER COMPETITOR: NAME.....

VISA

MASTERCARD

CREDIT CARD NUMBER:

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

PAYMENT AMOUNT:

\$

EXPIRY DATE:

/

NAME OF CARD HOLDER:

--

CARDHOLDER SIGNATURE:

--