

WORLD TIME ATTACK CHALLENGE 2017 DISPLAY VEHICLE REGISTRATION FORM

(Please Print)

EXHIBITOR STAND:		Identifier Issued:	
OWNER'S INFORMATION			
Owner's First Name:		Last:	Contact Number:
License Number:	Birth date: / /	Attending the Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you have answered No – please list the contact details of the person responsible for your vehicle over the course of the event, in vehicle contact details below
X		/ /	
Owner's Signature			Date
VEHICLE CONTACT DETAILS			
First Name:		Last:	Contact Number:
License Number:	Birth date: / /	Relationship to owner:	
VEHICLE INFORMATION			
REGO/Identifier:	Colour:	Make:	Model:
Can the vehicle be driven? <input type="checkbox"/> YES <input type="checkbox"/> NO		Tow Company (if known)	
Insurance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of insurance held:	Display Purpose:	
EMERGENCY CONTACT			
Please provide additional contact details of another person who can be responsible for the vehicle in the event of an emergency.			
First Name:		Last:	Contact Number:
License Number:	Birth date: / /	Relationship to owner:	
OFFICE USE			
FORM RECEIVED:	/ /	INFORMATION COMPLETE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPROVED BY:	Name:	STAND #:	EXHIBITOR PAYMENT RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DISPLAY STICKER ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO		METHOD OF ISSUE:	

Additional notes/comments: