



## FIA EUROPEAN AUTOCROSS CHAMPIONSHIP ENTRY FORM

**EVENT: SAINT IGNY DE VERS    COUNTRY: FRANCE    DATE: 12 - 14 . 09 . 2014**

**ORGANISER**

Name: Ecurie Saint Rigaud  
 Address: Le Bourg  
           69790 Saint Igny de Vers  
 Tel : + 00 33 4 74 04 56 74 / Fax : + 00 33 8 26 99 49 20  
 E-mail: **asacamcross@wanadoo.fr**

**CLOSING DATE(S) FOR ENTRIES**

The entries must reach the organiser by :

1. 29.08.2014	150 €	JB : 100 €
2. 05.09.2014	250 €	JB : 200 €
3. 05.09.2014	Maxi Tourisme : 145 €	

**COMPETITOR**

Name: .....  
 Nationality: .....  
 Address: .....  
 .....  
 Tel: .....  
 Fax:.....  
 E-mail: .....

Division: Touring Autocross - Buggy 1600  
 Super Buggy - Junior Buggy  
 Maxi Tourisme

Start number

Competition licence numbers :

Competitor: .....

Driver: .....

Signature

Competitor: .....

Driver: .....

Date: .....

**DRIVER**

Name: .....  
 Date of Birth:.....  
 Nationality: .....  
 Address: .....  
 .....  
 Tel: .....  
 Fax:.....  
 E-mail: .....

**A.S.N. (Visa Stamp):**

Make ..... Model ..... cc ..... hp.....  
 FIA - Homologation N° ..... FIA Technical Passport N°.....  
 Transponder nr .....

<b>Turbo</b>	Yes	<b>4WD</b>	Yes	<b>Weight</b> .....	kg
	No		No		

We confirm that we have read and understood the provisions of the International Sporting Code, the Autocross Technical Regulations and the Autocross Sporting Regulations and we agree, on our own behalf and on behalf of everyone associated with our participation in the 2014 FIA European Autocross Championship, to observe and be bound by them (as supplemented or amended). We declare that we have examined this Entry Form and that the information given is true, correct and complete. We understand that any change to the details given on this Entry Form must be notified to the organiser.