



SPRINTCAR
COMPETITORS OF S.A. INC
PO BOX 2611
Regency Park SA 5942
Email: sprintcarracingsa@iprimus.com.au

Secretary: TERRY BARRY 0427 395 501

SPRINTCAR REGISTRATION FORM 2011-2012

REQUESTED CAR NUMBER: _____

CAR OWNER NAME: _____

DRIVER NAME: _____

OWNER ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

HOME PHONE: _____ **WORK PHONE:** _____

MOBILE: _____ **DATE OF BIRTH:** _____

EMAIL ADDRESS: _____

Make of Chassis: _____ **Year of Chassis:** _____

Cubic Engine Size/s: _____ **Main Colour/s of Sprintcar:** _____

Make of Helmet: _____ **Year of Manufacture:** _____

Type of Neck Restraint: _____

Year of Manufacture of current Seat Belts: _____

Copy of Medical Exam Provided: Yes/No

Copy of Personal Hosp/Medical Insurance Provided: Yes/No

Driver/Owner's SIGNATURE: _____ **DATE** _____

NOTE:

Please make all Cheques/Money Orders payable to Sprintcar Competitors of SA Inc. and post ALL paperwork to PO Box 2611 Regency Park SA 5942.