

# ENTRY FOR SHAKEDOWN

## *Non Priority Drivers*

This Form must be returned to the Permanent Secretariat no later than Monday 1<sup>st</sup> July 202<sup>nd</sup>  
 email: **bernardi@rallydiromacapitale.it**

### COMPETITORS DETAILS

Competitors Details	INVOICE DETAILS	FIRST DRIVER	CO-DRIVER
Name			
Surname			
First (given) Name			
Date of Birth			
Place of Birth			
Nationality (as licence) Passport			
Number Postal address			
Telephone No.			
Mobile No. (private)			
VATN No.			
Issuing ASN			
Driving Licence No.			
Country of Issue			
Team Manager or Coordinator			
Mobile No.			
E-mail address			

### RESERVED TO THE ORGANIZER - VER. 01

DATE	PROT.	COMPETITION NUMBER