



ROVANIEMI FINLAND
24.-26.1.2019

NEAFP



ENTRY FORM

Closing date for entries 14.1.2019 at 11:59 p.m.

Group / class

1-Driver

License number	Grade	Issuing ASN	Issuing ASN country	Club
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	Date of birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Postal code	City	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Phone	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Please enter the phone and fax numbers in international format (e.g. +358 50 XXXXXXXX).

2-Driver

License number	Grade	Issuing ASN	Issuing ASN country	Club
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name	Date of birth	Nationality	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Postal code	City	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Phone	Mobile		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Please enter the phone and fax numbers in international format (e.g. +358 5 0XXXXXXX).

Entrant

License number	Entrant name	Issuing ASN	Issuing ASN country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	First name		
<input type="text"/>	<input type="text"/>		
Street address	Postal code	City	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Car details

Make	Model	Group / class	Homologation number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Technical Passport Number	Chassis number	Engine capacity	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Engine number	Manufacture year	Traffic insurance company	Insurance number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number	Registration country		
<input type="text"/>	<input type="text"/>		

ENTRY FORM

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Payment receiver details

Name	Bank	Bank account (IBAN)	SWIFT code
Arctic Lapland Rally Rovaniemen Urheiluautoilijat	Pohjolan Osuuspankki	FI23 5640 0220 056 118	OKOYFIHH

Payer details

Name	Bank	Bank account (IBAN)	SWIFT code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Year	Rallyes	Car	Overall classif.	Class classif.
International	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**By signing this entry form, we insure that we have read competitions rules.
We commit to obey these rules and participate to the race at our own responsibility.**

Date and place _____ / _____ 20 _____

Entrant_____
1st driver_____
Co-driver**Send this**

to Mr Heikki Poranen by e-mail
heikki.poranen@arcticwheels.inet.fi
**and remember to bring original entry form
with you to Rally H. Q.**

ASN Stamp

(Or enclose the written permission)