

SPA ARDENNES CHALLENGE

June 28 - 29 - 30, 2019



Motor Classic Belgium



Crosslé Racing
Drivers' Club

ENTERED CAR

Make & Model: _____ Year: _____ Cubic CC: _____ cc

Preferred race number: _____ I confirm the sound level of my car is maximum 107 dB on the track

DRIVER 1

DRIVER 2

Name: _____

Address: _____

Licence N°: _____

Nationality: _____

Date of birth : _____

Phone: _____

Mobile: _____

e-mail: _____

Entry fee : 750 € per car

By bank transfer in Euro : ING BANK • Rue de Herve, 106 • 4651 HERVE-BATTICE • Belgium
Account n° : 340-0360003-74 • IBAN : BE16 3400 3600 0374 • BIC : BBRUBEBB

VISA Card holder name: _____

EUROCARD Card number: _____

MASTERCARD Exp. date : _____

3 digits security : _____

Date:

Signature:

You will receive by e-mail a written confirmation of your entry as well as the practical details of the meeting.

MOTOR CLASSIC • Rue de Maastricht, 27 • 4651 BATTICE • Belgium

Phone: 0032 87 66 28 66 • spa@motorclassic.com • www.spaardenneschallenge.com