

Competitor No



OPTIONAL SHAKEDOWN APPLICATION FORM

NON-FIA & ERC PRIORITY DRIVERS

This form must be sent to the Permanent Secretariat, duly completed and signed, not later than Tuesday, 12/06/2018

Permanent Secretariat contact details:

CYPRUS AUTOMOBILE ASSOCIATION, P O BOX 22279, CY-1519 NICOSIA, CYPRUS
 Tel. +357 22313233
 Fax +357 22313482
 E-mail info@caa.com.cy



If this form is not completed, the Organisers will assume that the crew will not participate in the Shakedown

OPTIONAL SHAKEDOWN

Date: Friday, 15 June 2018

Time: 10:30-12:00 hours

(Please tick accordingly)

We wish to participate in the Optional Shakedown

We do not wish to participate in the Optional Shakedown

DETAILS OF THE DRIVER

Surname		
Name		
Contact telephone number during the event		
Signature:	Signed by (full name in block letters):	Capacity:
		Date:

For official use

Application Form forwarded:	Yes:	No:
Comments:		
Date:		