



## Registration form for Automobile Clubs (or similar) for the Jim Clark-Revival at Hockenheimring

Club registration (or similar)		
Form of address of contact person	<input type="checkbox"/> Ms <input type="checkbox"/> Mr	<input type="checkbox"/> Ms <input type="checkbox"/> Mr
Last Name / Title		
First Name		
Address		
Postal Code / Town		
Country		
Telephone number		
Fax		
Email		
<b>Details of your vehicles</b>		
Manufacturer	Model	Year
Manufacturer	Model	Year
ccm	Horse Power / KW	Number of cylinders
Approx. number of participating vehicles		
Approx. amount of space required on the club area		

\_\_\_\_\_  
Date, Town

\_\_\_\_\_  
Signature