

**QATAR INTERNATIONAL ENDUROXCROSS CHAMPIONSHIP 2017
REGISTRATION FORM (INDIVIDUAL) QUAD
QUAD (15 years- old 450cc, 16 years
old- 450 or 450+cc)**

RACING NO.

TEAM NAME:	
TEAM LICENSE:	FMNR

RIDER							
SURNAME	FIRST NAME						
PO BOX	TOWN & COUNTRY						
DATE OF BIRTH (day/month/year)	NATIONALITY						
PHONE & MOBILE	EMAIL						
RACING LICENSE NUMBER	FMNR						
DRIVING LICENSE	VALIDITY						
AUTHORISATION TO RACE	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6		

COMPULSORY DOCUMENTATION TO BE PRESENTED		
<input type="checkbox"/> FMNR License	<input type="checkbox"/> ID Card	<input type="checkbox"/> Authorisation letter from FMN

MOTORBIKE				
Make	Model	CC	Year	Serial No.
Make	Model	CC	Year	Serial No.

RACE CATEGORY							
<input type="checkbox"/> QUAD (Open)	<input type="checkbox"/> ALL CHAMPIONSHIP	<input type="checkbox"/> WILD CARD					
		1	2	3	4	5	6

	CHAMPIONSHIP	WILD CARD
ENTRY FEE	<input type="checkbox"/> QAR 1,500	<input type="checkbox"/> QAR 300

PAYMENT					
<input type="checkbox"/> BANK TRANSFER	Qatar Motor and Motorcycle Federation Qatar International Islamic Bank Account No: 1111 - 009903 - 003 / SWIFT CODE: QIIBQAQA				
<input type="checkbox"/> CREDIT CARD (Visa, Mastercard)	<table border="1"> <tr> <td>NAME:</td> <td>EXPIRY DATE:</td> </tr> <tr> <td>CREDIT CARD NO:</td> <td>SIGNATURE</td> </tr> </table>	NAME:	EXPIRY DATE:	CREDIT CARD NO:	SIGNATURE
NAME:	EXPIRY DATE:				
CREDIT CARD NO:	SIGNATURE				
<input type="checkbox"/> CASH *	* Payment will only be accepted in Qatari Ryals				

PROOF OF PAYMENT: <input type="checkbox"/> Championship	<input type="checkbox"/> WILD CARD						
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6		

I am aware that racing is a dangerous activity and I accept all the risks that this activity implies, and I do it at my own responsibility, renouncing myself, my inheritors and other legal representatives, to the exercise of any claim for injury or damage or other penal or civil action of contractual or extra-contractual responsibility against Qatar Motor and Motorcycle Federation, or against the people employed or rendering their services to these companies or organizers.

PREFERRED NO

The preferred Number will be given if possible

Rider's Name: _____

Rider's Signature: _____

Date: _____