

**QATAR INTERNATIONAL ENDUROXCROSS CHAMPIONSHIP 2017
REGISTRATION FORM (INDIVIDUAL) VETERAN**

VETERAN (40+ years old)

TEAM NAME: _____
 TEAM LICENSE: _____ FMNR

RACING NO.

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" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6		

COMPULSORY DOCUMENTATION TO BE PRESENTED

FMNR License
 ID Card
 Authorisation letter from FMN

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

RACE CATEGORY

Veteran	ALL CHAMPIONSHIP <input type="checkbox"/>	WILD CARD <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6			

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

PAYMENT

BANK TRANSFER
 Qatar Motor and Motorcycle Federation
 Qatar International Islamic Bank
 Account No: 1111 - 009903 - 003 / SWIFT CODE: QIIBQAQA

CREDIT CARD (Visa, Mastercard)

NAME:	EXPIRY DATE:
CREDIT CARD NO:	SIGNATURE

CASH *
 * Payment will only be accepted in Qatari Ryals

PROOF OF PAYMENT:
 Championship

WILD CARD					
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	Rider's Name: _____ Rider's Signature: _____ Date: _____
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The preferred Number will be given if possible