

2014
QLD
STATE
SERIES
ENTRY



DATE
.....
RD.....

EVENT ENTRY APPLICATION

I wish to make an application to enter a RACELINE Event

EVENT NAME: QLD DRIFT STATE CHAMPIONSHIP EVENT DATE: NOV 2 - NOV30 - DEC 14

VENUE: ARCHY - STANTHORPE - ARCHY CITY: BRISBANE STATE: QLD

NAME: _____ D.O.B: _____

ADDRESS: _____ PCODE: _____

EMAIL: _____

MOB: _____ PH: _____ YOUR DRIFT NO: PRO ONLY

VEHICLE: _____ COLOUR: _____ YEAR: _____

★ NOTE: ALL BODY PANELS & GLASS MUST BE IN PLACE & PROPERLY SECURED ★
ALL CARS MUST HAVE FRONT BARS FITTED & NUMBER AS PER RULES

NO NUMBER
NO SCORE

★ STADIUM DRIFT AUST LICENCE IS REQUIRED ★

I agree that the above information is correct and that I agree to follow RACELINE EVENTS Rules & Conditions.
I agree to accept responsibility for my actions and the actions of my team and guests.
Driver swaps NOT permitted.

SIGNED: _____ DATE: _____

CLASS: PRO & LEVEL 2 QLD DRIFT STATE CHAMPIONSHIP

ENTRIES CLOSE WHEN ALL SPOTS ARE FULL

NO REFUNDS - NO EXCEPTIONS

FEES - MUST BE PAID WITH ENTRY

ENTRY FEES \$150 PER EVENT ADMITS DRIVER + 2 CREW ...PRO.....\$150 inc gst

ENTRY FEES \$130 PER EVENT ADMITS DRIVER + 1 CREW ...L2.....\$130 inc gst

I WILL BE ENTERING ALL ROUNDS TOTAL \$ _____

WAIVER

In consideration of the acceptance of the right to participate in RACELINE events, entrants, by execution of the entry form release and discharge the organisers, property owners, all event sponsors, and their officers, directors, employees, agents, servants and anyone connected with the management and presentation of all its associated events from any cause whatsoever that may be suffered by an entrant and/or partner, their persons and/or property. Further, each entrant expressly agrees to indemnify all the foregoing entities, firms, persons and bodies for any liability occasioned or resulting from the conduct of entrant or participant assisting or cooperating with the entrant. - No Refunds, No Exceptions

FAX BACK TO 07 55 372 781

PAYMENT METHOD Money Order: Credit Card: Direct Deposit:

CREDIT CARD: DIRECT DEPOSIT DETAILS
BSB: 064471 ACC: 10175654

CREDIT CARD NO:

Name on Card:..... Signature:.....

Expiry Date:...../..... AMOUNT: \$.....

FOR MORE INFORMATION CONTACT IAN

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