



EASYKART INTERNATIONAL GRAND FINALS



Siena (Italy), October 16th, 17th, 18th 2009

ENTRY FORM



DRIVER _____

ENTRANT _____ TEAM _____

ADDRESS _____ CITY _____ NAT. _____

TELEPHONE _____ E MAIL _____

TAX CODE _____

IN CASE YOU NEED AN INVOICE ADDRESSED TO A SUBJECT OTHER FROM THE ENTRANT, FILL IN THE FORM BELOW:

COMPANY _____

ADDRESS _____ CITY _____ NAT. _____

VAT NR. _____ TAX CODE _____

CATEGORIES:

<input type="checkbox"/> EASYKART 50	NR. OF CONTEST ()	ENTRY FEE	60.00 EURO
<input type="checkbox"/> EASYKART 60	NR. OF CONTEST ()	ENTRY FEE	340.00 EURO*
<input type="checkbox"/> EASYKART 100	NR. OF CONTEST ()	ENTRY FEE	365.00 EURO*
<input type="checkbox"/> EASYKART 125 LIGHT	NR. OF CONTEST ()	ENTRY FEE	365.00 EURO*
<input type="checkbox"/> EASYKART 125 HEAVY	NR. OF CONTEST ()	ENTRY FEE	365.00 EURO*
<input type="checkbox"/> EASYKART 125 SHIFTER	NR. OF CONTEST ()	ENTRY FEE	365.00 EURO*

NOTE: The 50 Training CATEGORY will carry out a limited program on Saturday 17th and Sunday 18th of October. For all the other classes, the entry fee includes the free practice on Friday 16th.

*** "PARC FERME" TYRES INCLUDED**

THIS FORM MUST BE TRANSMITTED FROM SEPTEMBER 1ST TO OCTOBER 8TH 2009 (12.00 am) TO FAX NUMBER 0039 039.46.23.33 TOGETHER WITH A COPY OF THE BANK TRANSFER.

IMPORTANT: BANK DETAILS MUST BE MADE OUT TO COSE SRL

BANCO DI DESIO E DELLA BRIANZA LISSONE AGENCY	SWIFT ADDRESS BDBD IT 22 A/C NR. 1386400 COSE SRL BIC BDBD IT 22 IBAN: IT 94 I034 4033 2700 0000 1386 400
ON THE PAYMENT: INDICATE THE DRIVER'S NAME, CATEGORY AND NUMBER OF CONTEST	

THIS FORM DOES NOT REPLACE THE MODEL OF SELF-CERTIFICATION WHICH WILL HAVE TO BE DELIVERED DURING THE SPORTING CHECKS TOGETHER WITH THE LICENCE, MEDICAL CERTIFICATE AND VISA FOR "EXTRA CEE" DRIVERS.

ORGANIZATION: COORDINATION SPORT EVENTS - FAX: 0039 039.46 23 33 INFOLINE: 0039 039 21 45 204 – 0039 348 150 14 76
