



Eingang:	Start-Nr.:
Nenngeld EUR: Scheck/Überweisung am:	
Klasse:	

(Fields above get filled in by the race organiser.)

Race Entry Fischereihafen-Rennen 2014

German Road Racing GmbH
Austr. 108
D-27432 Bremervörde
Germany

ATTENTION

Please complete the form on-screen or in legible handwriting (block capitals)!

Please send the completed and signed form by post to German Road Racing. If you have any questions about the technical regulations, please contact kenny@fischereihafen-rennen.de

Last entry date: 10 Mai 2014

RACE ENTRY FORM

for the 57th International Fishtown Race (Fischereihafen-Rennen), Bremerhaven, Germany, 08 + 09 June 2014

I apply to enter the race in the following class:

- | | | | |
|----------------------------|--------------------------|----------------------------|--|
| <input type="checkbox"/> 1 | Fishtown Superbike Open | <input type="checkbox"/> 5 | Sound of Classics – Junior |
| <input type="checkbox"/> 2 | Fishtown Twins & Triples | <input type="checkbox"/> 6 | Sound of Classics – Senior |
| <input type="checkbox"/> 3 | Fishtown Junior 600 | <input type="checkbox"/> 7 | Legends Superbike:
<input type="radio"/> The 80s <input type="radio"/> Big Classics |
| <input type="checkbox"/> 4 | Fishtown Sidecars | <input type="checkbox"/> 8 | Formel 2 |

Please contact kenny@fischereihafen-rennen.de for information on the entry fee and payment (standard fee: 200 Euros, exceptions for international drivers may apply).

RIDER/DRIVER:

Surname: First name:

Street:

Postcode: Town:

Date of Birth: Nationality:

Phone: Fax: E-Mail:

Health Insurance: in

Next of kin (Name / Full Address / Telephone Number):

Accident Insurance (20 Euros)? Yes No [Amount Paid:]

SIDECAR PASSENGER / CO-DRIVER:

Surname: First name:

Street:

Postcode: Town:

Date of birth: Nationality:

Phone: Fax: E-Mail:

Health Insurance: in

Next of kin (Name / Full Address / Telephone Number):

Accident insurance (20 Euros)? Yes No [Amount paid:]

MOTORCYCLE

Brand: Type: Year: PS:

Special Feature / History:

EXPERIENCE OF THE DRIVER

none some extensive other:

Races driven:

Successes (achieved where)?

Team name:

(for the race programme, eg. Fishtown Racing Team UK)

Place: _____

Date: _____

X _____
(Signature Driver)

X _____
(Signature co-driver/passenger)

X _____
(For minors: parent/legal guardian)

**Please send both pages by post to
German Road Racing GmbH!**