



Race Entry Fischereihafen-Rennen 2017

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

RACE ENTRY FORM

for the 60th International Fishtown Race
 (Fischereihafen-Rennen), Bremerhaven, Germany, 04 + 05 June 2017

I apply to enter the race in the following class:

- | | | | |
|----------------------------|----------------------------|-----------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> 1 | Fishtown Superbike Open | <input type="checkbox"/> 7 | Formula 2 |
| <input type="checkbox"/> 2 | Fishtown Twins & Triples | <input type="checkbox"/> 8 | Superbike Legends: Big Classics |
| <input type="checkbox"/> 3 | Fishtown Sidecars Classic | <input type="checkbox"/> 9 | Sidecar Champions Challenge
(demo class w/ special historic sidecars) |
| <input type="checkbox"/> 4 | Sound of Classics – Junior | <input type="checkbox"/> 10 | Corsa Speciale (demo class) |
| <input type="checkbox"/> 5 | Sound of Classics – Senior | <input type="checkbox"/> 11 | Fishtown SuperTwin |
| <input type="checkbox"/> 6 | Superbike Legends: The 80s | | |

Please contact kenny@fischereihafen-rennen.de for information on the entry fee and payment (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):

License/s owned:

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

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

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: 29 April 2017

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):

License/s owned:

MOTORCYCLE

Brand: Type: Year: PS:

Special Feature / History:

EXPERIENCE OF THE DRIVER (very important due to reduced number of starters!)

none some extensive other:

Races driven (**mandatory in class 1, 2, and 8**):

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!**