

PROTOCOL NR*	RACE NR IF ALREADY IN POSSESSION FROM WEEKEND 1
--------------	---

*Do not fill in, these fields are provided by the organizer

APPLICATION FORM

2nd Weekend – GHIACCIODROMO LIVIGNO (SO)

COMPETITOR	<input type="checkbox"/> Physic People <input type="checkbox"/> Legal People	LICENSE N° :
Surname:	Name:	
Nationality:		
Phone nr:		
DRIVER		LICENSE N° :
Surname:	Name:	
Date of Birth:		
Nationality:		
Phone nr:		
CAR	Constructor/Model:	
Passport nr:		
Required class:		
TEAM		LICENSE N° :
Phone nr:		

IF the car is shared, indicate with whom:
--

The undersigned declares:

- to be aware of the rules issued by ACI Sport that regulate the Italian motorsport activity and those contained in the Sporting and Technical Regulations of the Italian Ice Challenge Championship existing, which expressly declares to accept without exception;
- to make exempt ACI, ACI Sport, ACI Sport S.p.A., the organizers, the race officials, and anyone else in any title who collaborate in the organization and promotion of the championship races, from any and all liability and/or damage that may arise from Your participation in the Italian Ice Challenge Championship, as well as to its drivers, employees or goods;
- also declares to unconditionally approve, following the articles 1341 and 1342 of the Civil Code, the Sporting and Technical Regulations of the Italian Ice Challenge Championship;
- declares to authorize to be photographed/filmed during the event and to the publication of such photos and/or videos by the organizers within the limits and methods provided by the law for promotional and journalistic use on paper and digital media. The installation and use of the images are to be considered completely free of charge;
- as per art. 17.1 of the Italian Ice Challenge Championship Regulations, declares that needs the following paddock space and asks for the possibility of enter in the paddock with additional assistance/auxiliary vehicles.

The measurements of the paddock space must be respected, as they are under the declaration of the competitor and used by the organization of the overall spaces provided for assistance. The organizer reserves the right to restrict the area requested in this form.

Tent Space (LxL meters):		Assistance Contact:	
Space of the assistance vehicle (LxL meters):		Mobile phone:	

NAME Shared space with other assistance:	
Mobile phone :	
DIMENSION Shared space with other assistance (LxL meters):	

- N° ____ Additional Assistance vehicles € 20,00 + VAT*
- N° ____ Additional Auxiliary vehicles € 20,00 + VAT*

(*to be paid in cash at administrative checks)

Any registration received without payment in the following ways will NOT be accepted:

BANK TRANSFER payable to A.S.D. BMG MOTOR EVENTS

Banca Alpi Marittime Credito Cooperativo Carrù scpa – Filiale di Monforte d’Alba

IBAN: IT36 N084 5046 5000 0000 0008 438

BIC: ICRAITRRCIO

REASON: REGISTRATION “Surname/Name Driver – 2RM/4RM – ICE CHALLENGE WEEKEND 2”

REGISTRATION (check the desired box/boxes)

- | | |
|---|-------------------|
| <input type="checkbox"/> 2 WHEEL DRIVE | € 470,00 + VAT*** |
| <input type="checkbox"/> 4 WHEEL DRIVE | € 550,00 + VAT*** |
| <input type="checkbox"/> Championship (if not already registered) | € 123,00 + VAT*** |
| <input type="checkbox"/> Shakedown one session (4 laps) | € 150,00 + VAT*** |

***Competitor based in Italy with VAT NUMBER: race cost + 22% VAT

***Competitor based in Italy PRIVATE: race cost + €2.00 (virtual stamp duty)

***Competitor from the EU with VAT NUMBER registered with VIES: race cost + €2.00 (virtual stamp duty)

***Competitor from the EU with VAT NUMBER NOT registered with VIES: race cost + 22% VAT

***Competitor from the EU with headquarters abroad or in Livigno PRIVATE: race cost + €2.00 (virtual stamp duty)

***Competitor extra-cee: upon receipt of this form, the organizer will contact you for invoicing and payment.

INVOICING :

HOLDER	<input type="checkbox"/> Physique People	<input type="checkbox"/> Company
Surname:		
Name:		
Denomination:		
VAT nr:		
Address and Street nr:		
Zip Code, City, Province:		
Mobile Phone:		
Mail:		

This two-page form must be sent with the accounting copy of the bank transfer to iscrizioni@icechallenge.it.

In case of do not send the copy of the bank transfer, the registration will not be taken into consideration.

In case of cancellation of the event, it will be the responsibility of the organizer to issue a Credit Note with a total reversal of the invoice.

Date	Concurrent Signature	Driver Signature