

VINTAGE SPORTS CAR CLUB OF WA (INC)

STAMPEDE 2012 – TEAM RELAY REGULARITY

TEAM NOMINATION FORM:

Preferred Team Name:

Team Manager (non-driving):
(Print Name)

Email address (please print clearly)
(Print)

Team Member 1

Driver:
(Print Name)

Car:
(Print: Year Make Model Class)

Team Member 2

Driver:
(Print Name)

Car:
(Print: Year Make Model Class)

Team Member 3

Driver:
(Print Name)

Car:
(Print: Year Make Model Class)

Team Member 4

Driver:
(Print Name)

Car:
(Print: Year Make Model Class)

Team Member 5

Driver:
(Print Name)

Car:
(Print: Year Make Model Class)

Please return completed form with your entry.