

Change of Entry Form



Car No. Office Use Only

EVENT DATE:	
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	DRIVER	CO - DRIVER
Surname:		
Given Name:		
Over 18?	Yes No	Yes No
DOB:		
Address:		
	Post Code:	Post Code:
NSSCC Membership No.:		
Mobile Phone:		
E-Mail Address:		
Motorsport Australia Licence No.:		
Emergency Contact Name & Number:		

DESCRIPTION OF CAR			
Make:	Model:	Year:	Colour:
Registration No. (If Applicable):	Engine Capacity (Swept Volume): cc	Category:	Class :
		2WD	2wd up to 2000cc 2wd over 2000cc
		4WD	4wd up to 3500cc 4wd over 3500cc
Forced Induction (Turbo/Supercharger) or Rotary?	Motorsport Australia Logbook Number (If Applicable):		
YES NO			