



SHAKEDOWN ENTRY FORM

CAR NUMBER

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COMPETITOR INFORMATION

| | |
|----------------------|--|
| Driver: | |
| Co-drive: | |
| Mobile phone nr: | |
| Team contact person: | |
| Mobile phone nr: | |

CAR

| | |
|------------------|--|
| Make and Model: | |
| Registration nr: | |
| Colour: | |

| | |
|-------|------------|
| Date: | Signature: |
|-------|------------|

Please send this form to: secretary@ypresrally.com