**TSOA Round 5 LUDDENHAM RACEWAY SUPERSPRINT**

**Entry Form**

Official Use only

**CLASS Car Number**

***Competitor (Car Owner)***

**SURNAME**

**Given Name(s)**

**Licence Number**

(MA OR RTA)

**ADDRESS**

**SUBURB STATE POSTCODE**

**EMAIL**

**MOBILE PHONE**

**EMERGENCY CONTACT NAME**

**EMERGENCY CONTACT NUMBER**

**COMPETITOR SIGNATURE**

***Driver 1***

**SURNAME**

**Given Name(s)**

**Licence Number (RTA or MA) CSCA Club**

**ADDRESS**

**SUBURB STATE POSTCODE**

**EMAIL**

**MOBILE PHONE**

**EMERGENCY CONTACT NAME**

**EMERGENCY CONTACT NUMBER**

**COMPETITOR SIGNATURE**

***Driver 2***

**SURNAME**

**Given Name(s)**

**Licence Number CSCA Club**

**ADDRESS**

**SUBURB STATE POSTCODE**

**EMAIL**

**MOBILE PHONE**

**EMERGENCY CONTACT NAME**

**EMERGENCY CONTACT NUMBER**

**COMPETITOR SIGNATURE**

***Description of Car***

**Preferred No Registration No**

**Make Model**

**Capacity CSCA CLASS**

**PAYMENT BY DIRECT DEPOSIT TO-**

**TSOA (NSW) BSB 032-0811 A/c 910909**