GP DEL SALENTO

REGISTRATION FORM

Send the registration form
to mss.organizzazione@gmail.com
with the bank transfer attached.

BANK : Raiffeisenbank Aesch-Pfeffingen Genossenschaf
NAME: PINO FRASCARO
IBAN : CH23 8080 8004 9661 0578 0

RAESON: Grand Prix del Salento driver :_____

Date:

Trofeo due Mari for Ferrari Challenge . Registration package includes: a double room at the Volito Hotel - Rural Experience for Thursday, Friday, and Saturday; tourist activities with experiences: mini cruise; visits to food and wine producers; paddock space and parking for vehicles. The package cost is € 5,000.00.

	Competitor	Driver
First Name		
Last Name		
Address		
Date of Birth		
Mobile Number		
E-mail		
License n°		
Issuing ASN		
Driving License No.	XXXXXXXXXXXXXXXXXXX	
Issuing Country		

DETAILS OF THE CAR

Make		Registration Number	
Model		Color	

TEAM		**DEALERS**	

INVOICE•DETAILS:
Name _____ *Surname* _____

Name of the company _____ *Nationality* _____

Postal•address _____

VATN No _____ *sdi* _____

Telephone•No. _____ *E-mail•addres* _____