

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: 2WD: 4WD:	Class: 2wd up to 2000cc: 2wd over 2000cc: 4wd up to 3500cc: 4wd over 3500cc:	
Forced Induction (Turbo/Supercharger) or Rotary? Turbo: Rotary: N/A:		Open or Road Class: Open: Road:		Motorsport Australia Logbook Number (If Applicable):