



# BIKE PROMOTION

the track agency

## Rider Registration

(Please write clearly in block letters or use a typewriter)

St. geg.	ID-Nr.
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street, No.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of birth: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ Nationality: \_\_\_\_\_

qualification:  beginner  medium rider  racer/licenced rider  internat. licence  nation. licence  none

Motorcycle (manufactor, model): \_\_\_\_\_ desired start number: \_\_\_\_\_

<b>Event</b>	<input type="text"/>	<b>Date of the Event</b>	<input type="text"/>
<b>All days</b>			
Monday <input type="checkbox"/>	Friday <input type="checkbox"/>	<input type="checkbox"/> own transponder	No.: _____
Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>	<input type="checkbox"/> Instructor	_____ days (according to the price list)
Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>	<input type="checkbox"/> pit box	_____ days (according to the price list)
Thursday <input type="checkbox"/>			

I have included a copy of the bank transfer receipt as proof of payment

\_\_\_\_\_ € total

Registration closure is 10 days prior to the start of each respective event. After closure or upon payment at the track a late fee of 15 € per day is charged. Race entries are accepted shortly before timed qualifying without late fees.

Attention! The number of participants is strictly limited. The payment is prerequisite for the participation.

### Bank Accounts

Germany: Sparkasse Gera-Greiz

BLZ 830 500 00

Kto 126 012

Austria: Sparkasse Poysdorf

BLZ 20246

Kto 0000-012682

### Acceptance of Conditions

By submission of your entry, you agree that you have fully read the Terms and Conditions and the waiver and release of liability and fully understand its terms, that your registration is free and voluntary, and that you accept and agree to the regulations as set forth by DT Bike Promotion, and that you are covered by a current valid foreign medical insurance policy.

\_\_\_\_\_  
City, Date

\_\_\_\_\_  
Signature