



2021 AUSTRALIAN FORMULA 3 CHAMPIONSHIP REGISTRATION

ENTRANT: _____ LICENCE NO: _____ LEVEL: _____ EXPIRES: _____

ADDRESS: _____
(For all correspondence)

SUBURB: _____ POST CODE: _____

PHONE: _____ EMAIL: _____ DORIAN NO: _____

SPONSORS NAME FOR PROGRAM: _____
(Must be less than 40 characters)

RACE TEAM: _____ TEAM MANAGERS: _____ MOBILE: _____

TEAM WEBSITE: _____ TEAM EMAIL: _____

DRIVER: _____ LICENCE NO: _____ LEVEL: _____ EXPIRES: _____

PHONE: _____ EMAIL: _____ D.O.B: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

CAR CLUB MEMBERSHIP: _____ NO: _____ EXPIRES: _____

PREFERRED RACING NO: _____

NEXT OF KIN: _____ CONTACT NUMBER: _____

VEHICLE DETAILS

MAKE: _____ MODEL: _____ LOG BOOK #: _____ COLOUR: _____

ENGINE NUMBER: _____ CHASSIS NUMBER: _____

CLASS:

CHAMPIONSHIP

NATIONAL

INVITATION

ROUNDS INTENDED TO ENTER (Please enter a 'Y')

1	March 5-7	SMSP	
2	April 16-18	Morgan Park	
3	June 11-13	Winton	
4	August 6-8	Queensland Raceway	
5	Oct 22-24	Wakefield Park	
6	December 3-5	The Bend	



NAME AND ADDRESS OF BONA FIDE ENTRANT (LOG BOOK HOLDER) FOR INVOICING, FOR SERIES ENTRY, ROUND ENTRY FEES, INSURANCE ETC
ANY AND ALL COLLECTION AND LEGAL COSTS ARE THE SOLE RESPONSIBILITY OF THE BONA FIDE ENTRANT SHOULD THE MATTER BE PASSED ON TO THE COLLECTION AGENCY OR FOR LEGAL ACTION.

NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

EMAIL ADDRESS: _____

ACKNOWLEDGEMENT.

I/WE HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE 2019 SPORTING AND TECHNICAL REGULATIONS FOR FORMULA 3 AND/OR RELEVANT REQUIREMENTS OR REGULATIONS FOR ENTERING THE CATEGORY.

I AGREE THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND CORRECT AND AGREE TO REPRESENT THE AUSTRALIAN FORMULA 3 CHAMPIONSHIP TO THE BEST OF MY ABILITY, BOTH ON AND OFF THE TRACK, FOR THE DURATION OF THE 2019 SEASON

SIGNATURE: _____ DATE: _____

*Note: Receipt of this completed form via email is considered 'signed'.

PRINT NAME: _____

PLEASE RETURN TO FORMULA THREE MANAGEMENT PTY LTD management@formula3.com.au