



# 2020 Championship Registration Form

<b>Competitor</b> (name in Logbook):	
Contact Ph:	Mobile:
Contact email:	
Postal Address:	
	P/code

<b>Driver:</b>	CAMS Lic #:
Contact Ph:	Mobile:
Contact email:	
Postal Address	
	P/code

<b>Vehicle Details:</b>	CAMS Log Book #:	
Make:	Model:	Colour:
Class: <input type="checkbox"/> Formula Ford (Fiesta) or <input type="checkbox"/> Formula Ford 1600 (Kent)		
Formula Ford Association Membership Number		

<b>Allocated Race #:</b>	<b>Dorian Transmitter #:</b>	
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**Once your registration fee is paid you will receive your race number for the 2020 season.**

In consideration of the Formula Ford Association Inc (the company) granting registration and entry into the 2020 Australian Formula Ford Championship (the Championship), I, the undersigned, being the driver and on behalf the competitor, Sponsor/s, Suppliers, Mechanics and other team members and persons associated with the team agree to be bound by the Sporting & Technical Regulations of the Championship whether issued by the Formula Ford Association Inc. and/or CAMS, the National Competition rules of CAMS or other controlling organisations and all bulletins or amendments issues for any meeting forming part of the Championship. I also certify that the particulars on this Championship Entry Registration Form are correct to the best of my knowledge.

Driver's Signature..... Name..... Date.....

**Schedule of Fees (including GST)**

**Registration Fee:**

**Formula Ford**

One off registration fee payable before 15/2/2020 \$1650.00

One off registration fee payable after 15/2/2020 \$2,200.00

Per round \$275.00

**Formula Ford 1600**

One off registration fee payable \$110.00.

Once your registration fee is paid you will receive your race number for the 2020 season.

Please return this completed form to:

[admin@formulaford.org.au](mailto:admin@formulaford.org.au)

**EFT**

Account name: Formula Ford Association Inc

BSB: 013 423

Acct: 8636767

REF: your surname

**Credit Card Payment**

PAYMENT TO COVER COMPETITOR: NAME.....

VISA

MASTERCARD

CREDIT CARD NUMBER:

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PAYMENT AMOUNT:

\$

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EXPIRY DATE:

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NAME OF CARD HOLDER:

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CARDHOLDER SIGNATURE:

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