



**Opel Motorsport**

TEAM CZECH REPUBLIC

# LENZ ADAM Cup

## APPLICATION FORM TO RACE “LENZ ADAM CUP 2017”

### **1. Race:**

Name of Race .....

Date .....

### **2. Team - Competitor**

Name of Team .....

Address .....

Nr. of license .....

Name of Team Manager .....

Phone / Handy .....

E – mail .....

### **3. Driver**

Surname .....

Name .....

Nr. of license .....

Birth date .....

Address .....

Phone / Handy .....



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### 3. Co-driver

Surname .....  
Name .....  
Nr. of license .....  
Birth date .....  
Address .....  
Phone / Handy .....

**I agree with your registration in the above race " LENZ ADAM Cup 2017" and agree to comply with sporting and technical regulations for this trophy . I declare that all particulars supplied by me are based on truth . In the case of an incorrect specification of the information I am aware that I may be expelled from "LENZ ADAM Cup 2017", without any claim for compensation by the promoter trophy.**

1 Please send to e – mail address: [zdenek.pekarek@opel-motorsport.cz](mailto:zdenek.pekarek@opel-motorsport.cz).

Date .....

Signature of team manager .....

Signature driver .....

Signature co-driver .....



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