***NASA reserve the right to change this form at any time, any changes will be notified to each Club.***

***NASA and/or the supplying Club/League reserve the right to withdraw acceptance of this application at any time.***

***Proof of ID (Driving Licence / Passport or Birth Certificate) must be seen before this application can be approved.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Race Meeting Details** | | | | | | | | | | | | | | | | | | | |
| **Date of Meeting** (Specify both dates if a two-day meeting) | | | | | **/ /** | | | | | | | | **/ /** | | | | | | |
| **Club/League** | | | | |  | | | | | **Venue** | | | | |  | | | | |
| **Driver Details** | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | | |  | | | | | | | | | | | | | | |
| **Date of Birth (if under 18)** | | | | |  | | | | | | | | | | | | | | |
| **Contact telephone number** | | | | |  | | | | | | | | | | | | | | |
| **Email Address** | | | | |  | | | | | | | | | | | | | | |
| **Home Address** | | | | |  | | | | | | | | | | | | | | |
| **Have you raced in Autograss previously?** | | | | | **Yes** | | | |  | | | | | **No** | | | |  | |
| **What category will you be racing in?** | | | | | **Mens** | |  | | | | **Ladies** | | |  | | | **Juniors** | |  |
| **Are you currently servicing a NASA Competition ban?** | | | | | **Yes** | | | |  | | | | | **No** | | | |  | |
| **Are there any medical conditions the medical crew or officials need to be aware of in the event of you being involved in an incident? IF yes, please tell us here** | | | | | | | |  | | | | | | | | | | | |
| **I sign below to confirm the above information is correct and accurate to the best of my knowledge and that I understand that NASA will hold this information.** | | | | | | | | | | | | | | | | | | | |
| **Driver Name** | |  | **Date** | | | **/ /** | | | | | | **Signature** | | | |  | | | |
| **Parent/Guardian** | |  | **Date** | | | **/ /** | | | | | | **Signature** | | | |  | | | |
| **Vehicle & Owner Details** | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | |  | | | | | | | | | | | | | | | |
| **Contact Telephone Number** | | | |  | | | | | | | | | | | | | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | | | |
| **Vehicle Race Number** | | | |  | | | | | | **Vehicle Class** | | | | | |  | | | |
| **Vehicle Blue Tag Number** | | | |  | | | | | | **Vehicle Red Tag No.** | | | | | |  | | | |
| **I sign to confirm I authorise the above specified driver to race my vehicle as listed above.** | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | **Date** | | | **/ /** | | | | | | **Signature** | | | |  | | | |
| ***FOR MEETING HOST SECRETARY / MEMBERSHIP SECRETARY ONLY*** | | | | | | | | | | | | | | | | | | | |
|  | **I confirm I have reviewed the above application and understand all information supplied.**  **I confirm I have understood, including seeking further information where required, any medical conditions as listed above.**  **I confirm I have checked the Driver details against the NASA supplied list of persons banned from competition.**  **I confirm I have received / seen proof of identification for the Driver and that this matches the details supplied above.**  **I confirm after reviewing all the above, I accept this application and will issue a day licence for the above specified date.** | | | | | | | | | | | | | | | | | | |
| **Name** | |  | **Date** | | | **/ /** | | | | | | **Signature** | | | |  | | | |