

QUEENSLAND SALOON CAR ASSOCIATION INC

ONE NIGHT LICENCE APPLICATION FORM

Race Meeting Date ____/____/____ Venue _____

Name _____

Address _____

_____ Post Code _____

Phone _____(h)_____(w)_____(Mob)

Date of Birth _____ (Must be 12 yrs or over – NOTE **persons under 16 years can not be a passenger in Senior competition**)

Insurance Details if already held _____

STREET SEDAN / SUPER STREET / JUNIOR STREET SEDAN

4 CYLINDER SEDANS / MODIFIED PRODUCTION / JUNIOR SEDAN
(Please circle one)

I, fully understand that the above information must be correct. I have read the Australian Speedway Sedan Racing Rules & Regulations and agree to abide by these Rules, Regulations and Specifications. I agree to abide by the Code of Conduct, Constitution, Procedures & By Laws of the QSCA Inc and ASCF/SSA Inc understanding that if I don't abide by these rules I will be charged under the appropriate rules.

APPLICANTS SIGNATURE _____ DATE ____/____/____

REGISTERED CAR NO _____ (Regd Club Prefix & Number)

NAME OF CAR OWNER/DRIVER: _____

Fees: One Night Night Licence \$15 plus applicable Insurance