

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)

Insurance _____

MOD PROD / SUP SED / STREET SEDAN / SUPER STREET / JUNIOR / OPEN
(Please circle one)

I, _____ fully understand that the above information must be correct. I have read the Racing Rules and agree to abide by these Rules, Regulations and Specifications of the ASCF Inc and QSCA Inc understanding that if I don't abide by these rules I will be charged under the appropriate rules.

APPLICANTS SIGNATURE _____ DATE ____/____/____

RECOMMENDED BY _____(Please Print)

REGISTERED CAR NO _____ (Regd Club Prefix & Number)

NAME OF CAR OWNER _____

CAR OWNER SIGNATURE _____

CLUB SECRETARY'S SIGNATURE _____ DATE ____/____/____

CLUB NAME & ADDRESS _____

Fees: Club Membership \$ _____ (person must be a financial member of a Club)

Plus - One Night Night Licence inclusive of Insurance \$40

This form along with the fee OF \$40 is to be returned to QSCA Inc, P.O. Box 298, GYMPIE. 4570.