



APPLICATION FORM

Name Last (Family) First Middle

Date of Birth Month Day Year Age Blood Type RH

Height cm Weight kg Shoe Size cm Shirt Size S M L XL XXL (Please Circle)

Nationality Driving License No.

Address

City Country Zip Code

Telephone Number Home Fax

Mobile Phone E-mail Address

Occupation

Company Name Office Telephone Number

How did you hear about TAKI RACING?

Have you ever attended a racing school before? Yes No If yes, please provide name and dates you attended the school

Do you have racing experience? Yes No If yes, please provide the following information.

Country of race Type of vehicle used Class Result Date

Which course would you like to take? (Please Circle)

Your School Date(s)

*School date may change in advance. Please contact latest school date to TAKI RACING staff.

DATE

SIGNATURE