



SYDNEY OFF ROAD RACING ASSOCIATION (Inc.)
EVENT ENTRY FORM

Competition Number

Held under the International Sporting Code of the FIA and the National Rules of CAMS



Event: _____ Date: _____

Scrutineering Venue: _____ Club Points Allocated to: _____

COMPETITORS (as shown in Log Book)

VEHICLE DETAILS

Name: _____ Make: _____ Capacity: _____
Address: _____ Year Model: _____ Colour: _____
Postcode: _____ Body Type: _____ Log Book No.: _____
Phone No: () _____ Engine Type: _____

DRIVER ONE

DRIVER TWO (if applicable)

Name: _____ D.O.B: _____ Name: _____ D.O.B: _____
Address: _____ Address: _____
Postcode: _____ Postcode: _____
CAMS Licence No.: _____ CAMS Licence No.: _____
CAMS Licence Expiry Date: _____ CAMS Licence Expiry Date: _____
Club & Membership No: _____ Club & Membership No: _____
Contact No: () _____ Contact No: () _____
Email: _____ Email: _____
Next of Kin: _____ Next of Kin: _____
Phone Day: () _____ Phone Day: () _____
Ambulance Cover: Yes No Ambulance Cover: Yes No

NAVIGATOR ONE

NAVIGATOR TWO (if applicable)

Name: _____ D.O.B: _____ Name: _____ D.O.B: _____
Address: _____ Address: _____
Postcode: _____ Postcode: _____
CAMS Licence No.: _____ CAMS Licence No.: _____
CAMS Licence Expiry Date: _____ CAMS Licence Expiry Date: _____
Club & Membership No: _____ Club & Membership No: _____
Contact No: () _____ Contact No: () _____
Email: _____ Email: _____
Next of Kin: _____ Next of Kin: _____
Phone Day: () _____ Phone Day: () _____
Ambulance Cover: Yes No Ambulance Cover: Yes No

READ AND SIGN DISCLAIMER ON BACK

Post entry form to:

The Event Secretary
SORRA
P O BOX 297
MERRYLANDS NSW 2160

OFFICE USE ONLY

Bank / Branch: _____ Cheque No.: _____
Amount \$: _____ Date Received: _____ Cash: _____
Comments: _____

Name: _____ Signature: _____

