

FEMADAC SPORT LICENSE APPLICATION

TYPE OR PRINT CLEARLY			
		SEX:	/
LAST NAME	FIRST NAME	MIDDLE INITIAL	M F
ADDRESS:			
	STREET NUMBER	ZIP CODE	
CITY	STATE	COUNTRY	
TELEPHONE	Ema	il	
NATIONALITY	DATE OF	BIRTH/////////	AGE:
		DAT MONTH TE	AK.
D. 000 T/DE /DU E. 0700			
BLOOD TYPE /RH FACTOR _	ALL	ERGIES	
	T LICENSE FROM YOUR COUNTRY?		
		E, IN CASE YOU DO NOT HAVE IT, ATTA N OR SITUATION FOR WHICH THEY DO	
COMPETE.	o mer bo not have ant canone	N ON OFFICIATION FOR WHICH THEF DO	NOT ALLOW TOO TO
	Please mark only one		
	•		
	DRIVER:	CO-DRIVER	CREW MEMBER
		ing code, as well as the rules of the corre- e of the application. The applicant shall ad	
information contained in this app		ense or identification. any false declaration	
with the sporting code.			
		amended, and the official organizer/promo eason of his participation or association wi	
himself or herself, his or her he	eirs, executors, administrators, successo	ors and assigns, release and discharge M	EXICAN AUTOMOBILE SPORT
		staff, organizer/promoter, for any and all li	
competition whatsoever, includi	ng qualifications, practice runs, and/or	on or property growing out of or resulting exhibitions or other appearances whether	contemplated or held under the
	ganizer/promoter, or caused by any con ason of any alleged cause or condition of	struction or condition of any track or track	ks equipment, race cars or other
			incident
The applicant is obliged to su		ment on the business day following the	meraciit.
		DATE	

