



APPLICATION FORM FOR 2017 PILOT INFORMATION

To be filled with CAPITAL LETTERS. All fields have to be filled in.
To be taken into consideration, all application must include the six pages.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL
TITLE	DATE OF BIRTH (DD/MM/YYYY)	SHIRT SIZE

<input type="text"/>
NAME

<input type="text"/>
GIVEN NAME

<input type="text"/>
<input type="text"/>
ADDRESS

<input type="text"/>	<input type="text"/>
ZIP CODE	TOWN

<input type="text"/>	<input type="text"/>
COUNTRY	NATIONALITY

<input type="text"/>
EMAIL ADDRESS

<input type="text"/>	<input type="text"/>
INTERNATIONAL AREA CODE	MOBILE PHONE NUMBER

<input type="text"/>	<input type="text"/>
DRIVING LICENCE NUMBER	DRIVING LICENCE COUNTRY OF EMISSION

<input type="checkbox"/> FRENCH	<input type="checkbox"/> ENGLISH	<input type="checkbox"/> ITALIAN	<input type="checkbox"/> SPANISH	<input type="checkbox"/> GERMAN
TICK THE BOX FOR EACH LANGUAGE YOU UNDERSTAND				



APPLICATION FORM FOR 2017 CO-PILOT INFORMATION

To be filled with CAPITAL LETTERS. All fields have to be filled in, appart from if not concerned.

Mr
 Mrs
 Miss
 TITLE

/ /
 DATE OF BIRTH (DD/MM/YYYY)

S
 M
 L
 XL
 XXL
 XXXL
 SHIRT SIZE

NAME

GIVEN NAME

ADDRESS

ZIP CODE

TOWN

CNTRY

NATIONALITY

EMAIL ADDRESS

INTERNATIONAL AREA CODE

MOBILE PHONE NUMBER

DRIVING LICENCE NUMBER

DRIVING LICENCE COUNTRY OF EMISSION

FRENCH
 ENGLISH
 ITALIAN
 SPANISH
 GERMAN
 TICK THE BOX FOR EACH LANGUAGE YOU UNDERSTAND



APPLICATION FORM FOR 2017 ENTRY FEES AND CUSTOMIZATION

ENROLMENT FEES

- Participation for a team of two persons and a car such as indicated in the regulation of the event € 5,950 excl. VAT

CUSTOMIZATION

- If you do not sleep into two separate rooms
Please indicate the number of beds you wish (1 for one double bed, 2 for two separate beds) _____
- Accommodation on Wednesday 31 May
Please contact me for an advice
- Accommodation in single rooms during the rally € 795 x ___ = € _____ excl. VAT
Amount of the additional room for Thursday, Friday and Saturday, please indicate 1 to select this option
- 2017 Official poster by Studio Graton € 165 x ___ = € _____ excl. VAT
Limited and numbered print, in addition to the one included in the competitor's pack
- 2016 Official poster by Studio Graton € 165 x ___ = € _____ excl. VAT
Limited and numbered print
- Souvenir rally plate € 45 x ___ = € _____ excl. VAT
In addition to the one included in the competitor's pack
- Transport of your car on demand
Please contact me to give me more information about the costs

Please indicate the total amount excl. VAT of your application and write it again on page 6 to calculate the final amount to be paid

YOUR TEAM NUMBER

We offer you the opportunity to choose your team number¹.

To do so, please tell us the one you prefer among the following proposals:

- Determined by the Organization, following the order of the reception of the applications
- Among the ones indicated² (excluding number 1, and until 99) : ___ or ___ or ___ or ___

THE FLAG OF YOUR TEAM

A flag will be present on each car. Please indicate your choice for your team among the following proposals:

- Connected to the nationality of both pilot and co-pilot
- Connected to the address of both pilot and co-pilot
- Connected to the registration country of the car

*Breakfast included

¹Only in case of full payment of your application fees within 5 days after sending the application form to the Organization

²We will do our best to satisfy your request, knowing that these numbers may have already been asked through previous applications: first to ask, first served!



APPLICATION FORM FOR 2017 INVOICE INFORMATION

To be filled with CAPITAL LETTERS. All fields have to be filled in.

Same as pilot information (no need to write again)

Same as co-pilot information (no need to write again)

Please use the following information for the invoice

Mr Mrs Miss
TITLE

Brand
COMPANY

VAT NUMBER

NAME OF THE COMPANY

NAME OF THE CONTACT PERSON

GIVEN NAME OF THE CONTACT PERSON

ADDRESS

ZIP CODE

TOWN

COUNTRY



APPLICATION FORM FOR 2017 PAYMENT, INVOICE AND SIGNATURES

AMOUNT TO PAY

For any private application or through a French company, please add VAT to the total amount of the registration fees, based on the French tax of 20%.

TOTAL AMOUNT TO BE PAID

+

=

Total amount of your application
excl. VAT (from page 4)

Please indicate the VAT amount
(0,2 x total amount excl. VAT)

Total amount to be paid

PAYMENT OF THE TOTAL AMOUNT OF YOUR APPLICATION

To validate your application, we kindly ask you to send the payment of your registration, and select your preference among the following proposals:

- Full payment of the registration fees within 5 days after sending the application
→ Your enrolment is fully validated and you can select your team number
(pay attention to the fact that registration depends on availability!)
- Payment of a deposit of € 3,500 incl. VAT
→ The total amount should be paid before 1 March 2017

Please indicate your payment method among the following proposals:

- Bank transfer (indicate "1000kmGT 2017" and pilot's given name and name)
on the following bank account IBAN FR76 1870 7002 2031 1213 5667 403 / BIC-SWIFT CCBPFRPPVER
- By chèque (French banks only, and only in Euro)
to HAPPYFEWRACING

SIGNATURES

- We accept without any reserve the terms and conditions of the regulation of the 1000kmGT™ 2017.**

Règlement et autres informations disponibles sur www.HappyFewRacing.com. Conformément aux dispositions de la loi Informatique et libertés n°78-17 du 6 janvier 1978, toute personne remplissant et renvoyant le présent formulaire de demande d'engagement bénéficie d'un droit d'accès, de rectification, de suppression ou d'opposition de ses données personnelles la concernant auprès de la société organisatrice. Ces droits pourront être exercés sur simple demande écrite envoyée à l'adresse suivante : HappyFewRacing - 102 avenue des Champs-Élysées 75008 Paris (France).

- I accept to receive information and offers from the partners of the rally.

DATE (DD/MM/YYYY)

TO BE SENT BEFORE 1 MARCH 2017 (ENROLMENT DEPENDING ON REMAINING PLACES)
by email to questions@HappyFewRacing.com or post to HappyFewRacing - 102 avenue des Champs-Élysées 75008 Paris (France)