**Annex Nr. 6 of the 2020 Lithuanian rallycross championship regulation**

**Championship participant entry form**

1. Drivers, willing to participate in 2020 Lithuanian rallycross championship must to submit this entry form to the Lithuanian ASN and to pay defined fee.
2. Fee for the participant of Lithuanian rallycross championship: 50 Eurų.
3. The list of participants of the Lithuanian rallycross championship will be announced in website [www.lasf.lt](http://www.lasf.lt). (*Participant will be put in the list when the original entry form will be received and the fee paid.).*

|  |  |  |
| --- | --- | --- |
| **Select car class in which you will participate** | **X** | **in the free window, near the class.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tag** | ***Class*** | ***Classes (Article Nr.3.1. in the Regulation of the Lithuanian autocross championship)*** | ***Start Nr.*** |
|  | **JUNIOR 1000** | cars (excluding CABRIO), engine capacity up to 1000 cm³, drivers with age from 11 up to 16 years inclusive. | **501-599** |
|  | **SUPER 1600** | cars (min. 4 seated), engine capacity up to 1600 cm³, FWD, drivers with age from 16 years (\*from 14 years old). | **401-499** |
|  | **SUPER 2000** | cars (min. 4 seated), engine capacity up to 2000 cm³, FWD, drivers with age from 18 years (\*from 16 years old). | **201-299** |
|  | **TOURING CARS** | cars (min. 4 seated), engine capacity up to 2000 cm³, RWD, drivers with age from 18 years (\*from 16 years old). | **201-299** |
|  | **SUPER CARS** | cars, engine capacity up to 3500 cm³, AWD, drivers with age from 18 years. | **1 - 99** |

**\* -** with permition of parents and with approval of Cross Comitee of LASF.

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| --- | --- | --- | --- | --- |
| **DRIVER** | | | | |
| Name | |  | | |
| Surname | |  | | |
| Date of birth | |  | | |
| Address | |  | | |
| Postal code, city, country | |  | | |
| Mobile ph. nr., e-mail | |  | | |
| **CAR** | | | | |
| Make |  | | | |
| Model |  | | | |
| Preferred start number | | |  |  |
| **COMPETITOR** | | | | |
| Name |  | | | |

*I declare, that all given information above is correct.*

**Driver** ............................................  **Year 202\_\_** …...……..….........................

*( Signature ) ( Date )*

**Information:** **Send to:** The Lithuanian automobile sport federation

Tel. :+370 37 350026 Savanorių pr. 56, 44210 Kaunas, Lithuania

[www.lasf.lt](http://www.lasf.lt) Fax. +370 37 350026; +370 615 46710 [lasf@lasf.lt](mailto:lasf@lasf.lt)

|  |  |  |
| --- | --- | --- |
| Approval of LASF | .........................................  *entry form received (date)* | ...............................  *signature* |