



APPLICATION FORM

Photo

Name _____
Last (Family) First Middle

Date of Birth _____ Age _____ Blood Type _____ RH _____
Month Day Year

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
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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 _____