

# Entry Form

Solo

Email: [nennung@klassik-motorsport.com](mailto:nennung@klassik-motorsport.com)

Fax: D 06205 9049990

**Klassik Motorsport e.V.**  
c/o Uwe Sattelberger  
Hockenheimerstr. 24  
D 68809 Neulussheim



**Registration: Int. Frohburger Dreieckrennen, 16. - 17.9.2023**

Team: \_\_\_\_\_

Competitor: \_\_\_\_\_

Surname / Name

Date of birth

Address: \_\_\_\_\_

Street

Country Code

/ ZIP-Code

/ City

Contact: \_\_\_\_\_

E-mail

Mobil phone

Permanent transponder no.: \_\_\_\_\_

Licence / FMN / Level / No.: \_\_\_\_\_

**Motorcycle (Seperate entry form for 2. start in other class, plus 1/2 entry fee)**

Brand / Model \_\_\_\_\_ Capacity \_\_\_\_\_ cm<sup>3</sup> Year of production \_\_\_\_\_ Number and configuration cylinder \_\_\_\_\_

**Category/class: Final detailed classification by the technical stewards / organization**

**2 Stroke Classic**     125 cm<sup>3</sup>     250 cm<sup>3</sup>     350 cm<sup>3</sup>

**2 Stroke Grand Prix**     125 cm<sup>3</sup>     250 cm<sup>3</sup>     Two Stroke Open (250 cm<sup>3</sup> – 750 cm<sup>3</sup>)

*The participants are jointly and severally liable for all obligations resulting from the entry contract. I have read the details of the regulations and the contract on the website. I accept and agree the contract, the letter of agreement for the EU-DSGVO, the sporting and technical rules of the sports federations, the announcement of the organizer, waiver of liability- and declaration and these rules with my signature at the below on this page.*

The amount of (see:Info Homepage) € \_\_\_\_\_ for the entry fee ( note purpose: Frohburg) I transfer to account of

**Klassik Motorsport e.V.** , Postbank, IBAN: DE84 6601 0075 0505 5347 52 , BIC/SWIFT: PBNKDEFF

Date

Place

Signature