



www.iRace.net.au

Logbook Application

Vehicle Owner Details

Surname: _____ Christian Names: _____
Address: _____
Phone (H): _____ Phone (M): _____
Email: _____

Vehicle Details

Category(ies): Please circle	Formula Tasman	LM Sports	Touring Car Challenge	Muscle Division	RocketSports	Production Racing Cars
---------------------------------	-------------------	-----------	--------------------------	--------------------	--------------	---------------------------

Make: _____ Model: _____ Year: _____
Chassis No: _____ Colour: _____ Construction: _____
Engine Manufacturer: _____ Engine Number: _____ Aspiration: NAT / SUP / TURB
No of Cylinders: _____ Bore: _____ Stroke: _____
Valve Location: _____ Swept Volume: _____ cc Capacity: _____ cc

Photos required: 3/4 Front View 3/4 Rear View Side View Please attach by paperclip or staple

Payment Details - Administration Fee \$20

Cheque Enclosed: or Card Type: Visa: Mastercard:
Name on Card: _____ Expiry: _____
Card Number: _____ Signature: _____

Return completed form, attachments and payment to: **Independent Race Series, PO Box 298, CULBURRA BEACH, NSW, 2540**