



# V8 SUPERBOAT TEAM REGISTRATION

OFFICE USE ONLY

MEMBER #

PLEASE RETURN DETAILS TO; info@v8superboats.com.au  
SAVE THE FORM AND RETURN IT VIA EMAIL OR PRINT AND SCAN AND RETURN

[DRIVER] FIRST NAME\* [\* compulsory]

[DRIVER] LAST NAME\*

ADDRESS\* [STREET ADDRESS]

SUBURB\* [\* compulsory]

STATE\*

POSTCODE\*

EMAIL ADDRESS\*

PHONE

MOBILE PHONE\*

DATE OF BIRTH [DOB]

AMBULANCE COVER FUND NAME/ELEC/HCC

NUMBER ON POLICY/HCC

[NAVIGATOR] FIRST NAME\*

[NAVIGATOR] LAST NAME\*

BOAT NAME

BOAT NUMBER

CLASS

ENGINE & CAPACITY

HORSEPOWER

JET UNIT & SIZE

HULL TYPE

CREW

SPONSORS

OCCUPATION

YEARS IN SUPERBOATS

BEST RESULT

ANY OTHER INTERESTING INFORMATION ABOUT YOU OR YOUR TEAM - PAST RACING EXPERIENCE ETC.