



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.