**Annex Nr. 6 of the 2021 Lithuanian autocross championship (B-league) regulation**

**Championship (B-league) participant entry form**

1. Drivers, willing to participate in 2021 Lithuanian autocross championship (B-league) must to submit this entry form to the Lithuanian ASN and to pay defined fee.
2. Fee for the participant of Lithuanian autocross championship (B-league): 10 Eur.
3. The list of participants of the Lithuanian autocross championship (B-league) will be announced in website [www.lasf.lt](http://www.lasf.lt). (*Participant will be put in the list when the original entry form will be received and the fee paid.)*

|  |  |  |
| --- | --- | --- |
|  **Select car class in which you will participate**  |  **X** | **in the free window, near the class.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tag** | ***Class*** | ***Classes (Article Nr.3.1. in the Regulation of the Lithuanian autocross championship)*** | ***Start Nr.*** |
|  | **1600** | cars (min. 4 seated), engine capacity up to 1600 cm³, FWD, drivers with age from 16 years). | **101-199** |
|  | **2000** | cars (min. 4 seated), engine capacity up to 2000 cm³, FWD, drivers with age from 18 years. | **201-299** |

 **\* -** with permition of parents and with approval of Cross Comitee of LASF.

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| --- |
| **DRIVER** |
| Name |  |
| Surname |  |
| Date of birth |  |
| Address |  |
| Postal code, city, country |  |
| Mobile ph. nr., e-mail  |  |
| **CAR** |
| Make |  |
| Model |  |
| Preferred start number |  |  |
| **COMPETITOR** |
| Name |  |

*I declare, that all given information above is correct.*

**Driver**  ............................................  **Year 202\_\_** …...……..….........................

 ( *Signature ) ( Date )*

**Information:** **Send to:** The Lithuanian automobile sport federation

Tel. :+370 37 350026 Savanorių pr. 56, 44210 Kaunas, Lithuania

[www.lasf.lt](http://www.lasf.lt) Fax. +370 37 350026; +370 615 46710 lasf@lasf.lt

|  |  |  |
| --- | --- | --- |
| Approval of LASF | .........................................*entry form received (date)* | ...............................*signature* |