**2025 year Lithuanian Automobile Autocross Championship Regulations’ Appendix No. 6**

**CONFIRMED BY:**

LASF Autocross Comision, 2025-02-28-03/02

Protocol No. 2025-01

**Entry form of Championship**

1. Participants who have ASF licenses from other foreign countries and want to participate in 2025 Lithuanian Corss Championship, participants must submit this application to the LASF and pay the prescribed fee. Application need to be sent to email [lasf@lasf.lt](mailto:lasf@lasf.lt) together with the payment, which is need to be paid according to these requisites:

ASOCIACIJA LIETUVOS AUTOMOBILIŲ SPORTO FEDERACIJA

Company code: 190642938

Bank account details: LT15 7300 0100 0224 6403

Bank name: AB bankas „Swedbank“

Bank code:73000

The payment amount is 50 EUR, please attach a copy of the payment to the email [lasf@lasf.lt](mailto:lasf@lasf.lt) together with the application.

1. Participants who have licenses issued by LASF are not required to submit a championship participant application and pay the championship fee.
2. Lithuanian automobile autocross championship participant’s entry fee 50 Eur (this fees are used for Lithuanian automobile autocross championship awards at the end of the season).
3. Entry forms are accepted at least two events before the end of the championship.
4. Lithuanian autocross championship / cup competitions’ list of participants is published in [www.lasf.lt](http://www.lasf.lt). (Entrant is included as soon as original entry form is presented and entry fee is paid).

|  |  |  |
| --- | --- | --- |
| **Please mark the classification** | **X** | **you intend to participate in.** |

|  |  |  |
| --- | --- | --- |
| ***Marking*** | ***Classification*** | ***Start number*** |
|  | **1600, SUPER 1600** | **101-199** |
|  | **2000, SUPER 2000** | **201-299** |
|  | **SUPER CARS** | **1-99** |
|  | **BUGGY CUP** | **101-199** |
|  | **3000 RWD** | **301-399** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRIVER** | | | | |
| Name | |  | | |
| Surname | |  | | |
| Date of birth | |  | | |
| E-mail | |  | | |
| Mobile phone no. | |  | | |
| **VEHICLE** | | | | |
| Make |  | | Year of manufacturing |  |
| Model |  | | Homologation No. |  |
| **ENTRANT** | | | | |
| Name |  | | | |

*I confirm that all the data presented above is correct.*

**Driver**  ............................................  **202\_\_ year** ……………....……..….........................

*(Signature) (Date of filling)*

**Information** **Submit to**: Lithuanian automobile sport federation

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

[www.lasf.lt](http://www.lasf.lt) +370 615 46710 [lasf@lasf.lt](mailto:lasf@lasf.lt)

|  |  |  |
| --- | --- | --- |
| LASF Confirmation | .........................................  *Entry submitted (date)* | ...............................  *Signature* |