



**ENROLMENT FORM  
LOWLAND 4X4 CHALLENGE 2006  
20 AND 21 MAY**

**ALL SECTIONS MUST BE FILLED IN**

Name of 1st driver		
Address		
City/Country		
Tel./Mobile		
e-mail:		
Date of birth		
<hr/>		
Name of 2nd driver		
Address		
City/Country		
Tel./mobile		
Date of birth		
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Car	Model	Year
Registration No.	Engine ccm.	Cylindres
Winch make and model		
Tyre make and size		
Category: Adventure ____ Extreme 1 ____ Extreme 2 ____		

I hereby declare to be subject to the regulations for this Challenge. DASU, DOS or the race officials cannot be blamed for any kind of damage or loss of car, parts from the car or for any kind of damage, which I or the car should cause on myself and/or a third person's property.

**Signatures**

\_\_\_\_\_  
1st driver

\_\_\_\_\_  
2nd driver

Please fill in and deliver together with your entry fee.

*Udfyldes af løbsledelsen:*

*Modtaget den:* \_\_\_\_\_ *Betalt kr. :* \_\_\_\_\_ *Start nr.* \_\_\_\_\_