**TEST REGISTRATION FORM**

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| Organiser of the training leg |  |
| (name for a legal entity/name, surname for an individual) |
| Registration No /Personal ID |  |
| Contact information | **Phone** |  | **E-mail** |  |

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| **1. Name, kind, venue of the event, its starting and finishing date and time** |  |
| **Number of participants,** **name(s) and surname(s) of the driver(s)** |  |
| **Vehicle VIN(s)** |  |

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| **2. Person in charge for event organisation** **(name, surname, personal ID)**  |  |
| **3. Person in charge for event technical safety (name, surname, personal ID)** |  |

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| **4. Precise description of event venue, GPS point** (map to be attached) |
| **5. Agreement with the local government;** (date, signature) |  |
| **6. Agreement with the road owners** | Attach a written proof or fill in the date, position, name, and surname in this form |
| National and local roads |  |
| Roads owned by SJSC Latvijas valsts meži (Latvian State Forests) |  |
| Private property |  |
| **7. Public events' insurance policy copy attached** |

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| **8. Local government's statement that there are no claims against the event organiser** | To be sent in within 7 working days after the event by fax +371-67551465, or in this form: date, position, name, surname, and signature |
| All information given in this application is correct and true. |
| **Event organiser:** |
| Name, surname  L.S. | Signature |