



**Formula SAE-A
OFFICIALS REGISTRATION FORM
Friday 10th – Sunday 12th December 2010**

(If you require assistance to fill in this form call Felicity Wright at SAE-A, on 03 9696-5190)

SURNAME Mr/Mrs/Ms		OTHER NAME/S	
ADDRESS			
PHONE Home		PHONE Work	
MOBILE		EMAIL	
CAMS License (if applicable)		OCCUPATION	
EMERGENCY CONTACT PERSON	NAME: Relationship:	PHONE Home PHONE Work PHONE Mobile	
Previous FSAE experience (which events?)			
Additional skills, e.g. first aid, CFA, CAMS Flag Marshall, etc			
Special dietary requirements			
DATE	DAY	AVAILABLE (Tick if yes)	PREFERRED EVENT/ROLES
Friday 10 th Dec	Day 1		
Saturday 11 th Dec	Day 2		
Sunday 12 th Dec	Day 3		
SIGNED:		DATE:	

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