National Federation:

Rider 1 - COUPE 85cc

Name:
First name:
Date of birthday:
FMN:
License N°:
Motorcycle make: Capacity:
Transponder number as Speedhive MyLaps transponder:

Rider 2 – COUPE 85cc

Name:
First name:
Date of birthday:
FMN:
License N°:
Motorcycle make: Capacity:
Transponder number as Speedhive MyLaps transponder:

Rider 3 – COUPE 85cc

Name:
First name:
Date of birthday:
FMN:
License N°:
Motorcycle make: Capacity:
Transponder number as Speedhive MyLaps transponder:

Team Manager: FMN Delegate:

FMN Stamp and Signature: . Date:

Please complete this entry form electronically in capital letters. / Veuillez remplir ce bulletin d'engagement électroniquement en lettres majuscules