



SUBSCRIPTION FORM

Luxembourg Grand Tour - 28 August 2015

Read suscription form with Adobe Reader

Please send your completed form to:

MAW Events sarl
30, rue de l'Industrie
L-8069 STRASSEN
Luxembourg

OR info@concours-mondorf.lu

BEFORE 15 JULY 2015.

Please fill in the form below in CAPITAL LETTERS.

PARTICIPANT

Name:	<input type="text"/>	First Name:	<input type="text"/>
Postal Address:	<input type="text"/>		City: <input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

OPTIONAL EXTRAS

SUPPLEMENTARY MERCHANDISE

HIGH QUALITY SWEAT-JACKET (60 € each)

Size (Please tick) ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Number:

N° of high quality
sweat-jackets

x 60 €

A

CO-DRIVER (160€ each)

Included:

- 1 diner Casino 2000 (Friday)
- 1 lunch (Friday)
- 1 high quality sweat-jacket

No of supplementary
VIP PASS

x 160 €

B

BASIC PACKAGE

Subscription fee:

200 € **C**

- 1 véhicule
- 1 diner Casino 2000 (friday)
- 1 lunch (friday)

1 high quality sweat-jacket

☐ S ☐ M ☐ L ☐ XL ☐ XXL

1 goodybag.

TOTAL = **A+B+C**

I have transferred the total amount of : _____ €

IBAN: LU90 0019 4055 5413 5000, BIC: BCEELULL
to the account of Make-A-Wish:

Legal Responsibility

The organizer rejects any liability for damage to persons, property and assets that happens to the participants (applicants, drivers and co-drivers) before, during and after the event. By introducing the participation form the participants renounce, for themselves and their relatives, for any damage suffered resulting directly or indirectly from the event, the right to act against or take recourse against the organizer Make-A-Wish and their employees and assistants, against administrations, service organizations and any other person that is in connection with the organization of the event. The participants renounce, for themselves and their relatives, on their right to take recourse to the courts. The participants take part in the event at their own risk and bear the civil and criminal responsibility for all damage caused by their vehicles.

DATE: _____

SIGNATURE (NAME): _____

VEHICLE DESCRIPTION

Owner's Name

Start Number

Brand: Coach Builder: Model: Frame No: Year: Engine Size: HP: CYL: FIA Pass: ☐ No ☐ Yes N° FIVA Pass: ☐ No ☐ Yes N°

SPECIFICS

Information to be given to the public about the vehicle, driver and co-driver:

CLASS

Please tick
1 box

- ☐ A Year - Pre-1920 ☐
- ☐ B Year - From 1921 - 1945 ☐
- ☐ C Year - From 1946 - 1960 ☐
- ☐ D Year - From 1961 - 1975 ☐

COLOUR PHOTO for publication

Please tick
1 box

- ☐ A color photo of the participating vehicle
has been sent **by post**
- ☐ A color photo of the participating vehicle
has been sent **by email** to albert@concours-mondorf.lu

Names of the vehicle owners are not mentioned in the program.

LOGISTICAL INFORMATION

Trailer parking required? Yes / No

IF YES, approximately what size? _____ METRES