

Car & Buggy Checklist for Online Entry

Below is a list of the information that is required to enter in the **Kickstarters Gascoyne Dash®**. This information should be at hand before commencing the on-line entry form.

Note: except where marked [OPTIONAL] all the items below are [REQUIRED] by the time of registration in the week before the race. The items marked in red with a * are mandatory for the online entry form. Online entries will not be accepted without this information. [REQUIRED] fields that are not mandatory at the time of online entry should be presented before the registration process in the week before the race.

Driver Contact Details [REQUIRED]

- Surname*
- First Name*
- Email Address*
- Address*
- Town*
- State*
- Postcode*
- Country*
- Profession*
- Home Phone No*
- Work Phone No*
- Mobile No*
- Fax No*
- DOB*
- CAMS Licence No* (if applicable)
- CAMS Licence Expiry Date* (if applicable)
- CAMS affiliated Club Name* (Membership of GORRC Inc. is an offered option)
- CAMS affiliated Club Membership No*
- CAMS affiliated Club Membership Expiry Date*

- Medical Conditions*
- Medical Allergies*
- Emergency Contact Name*
 - Relationship*
 - Contact number*
- Ambulance Cover Membership – Name and number*
- Sponsors (optional)
- Biography (optional)

Vehicle Information [REQUIRED]

- CAMS Competition Number*
- Class*
- Vehicle Owner*
- Team Name (optional)
- Vehicle Make (e.g. Jimco, Holden)*
- Vehicle Model (e.g. 2000, Rodeo Ute)*
- Engine Make (e.g. Nissan SR20 Turbo)*
- Cubic Capacity (cc)*
- Vehicle Weight*
- Year*
- Colour*
- Log Book Number
- Engine Number*
- VIN/Chassis No*

Co –Driver/Navigator Contact Details [REQUIRED]

- Surname*
- First Name*
- Email Address*
- Company
- Address*
- Town*
- State*
- Postcode*
- Country*
- Profession*
- Home Phone No*
- Work Phone No*
- Mobile No*
- Fax No*
- DOB*
- CAMS Licence No* (if applicable)
- CAMS Licence Expiry Date* (if applicable)
- CAMS affiliated Club Name* (Membership of GORRC Inc. is an offered option)
- CAMS affiliated Club Membership No*
- CAMS affiliated Club Membership Expiry Date*
- Medical Conditions*
- Medical Allergies*
- Emergency Contact Name*
 - Relationship*
 - Contact number*
- Ambulance Cover Membership – Name and number*

Pit Crew Members [REQUIRED IF APPLICABLE]

- Surname*
- First Name*
- Date of Birth*
- Gender*
- Profession*
- Email*
- Home Address*
- Town*
- State*
- Postcode*
- Home Phone No*
- Work Phone Number*
- Mobile No*
- Ambulance Cover Fund/Number/Expiry*
- Emergency Contact Name*
 - Relationship*
 - Contact number*