ENTRY FORM
SUPER STAR DERBY

ONE LOFT RACE

SUMMER ☐ | WINTER ☐

TEAM INFORMATION

Team Name:	Team Owner Name:

CONTACT INFORMATION

Address:	
Country:	
Phone:	
Email:	
Team's Agent:	

TEAM MEMBERS

TEAM A	
1	
2	
3	
4	
5	
6	

TEAM B	
1	
2	
3	
4	
5	
6	

TEAM C	
1	
2	
3	
4	
5	
6	

TEAM D	
1	
2	
3	
4	
5	
6	

ACCEPTANCE

I have read and accept all the rules and conditions of the participants regulations available on www.columbodromsuperstar.ro

PAYMENT INFORMATION

PAYMENT OPTION	AMOUNT
Bank Transfer to Super Star:	
Payment to Transporter:	
Payment to Agent:	

TEAM'S OWNER SIGNATURE

THANK YOU FOR BEING PART OF SUPER STAR DERBY!