



Invitational All Comers Expression of Interest
26th—28th January Levels Raceway
Timaru

— *Levels Raceway* —

DRIVER DETAILS

Name: _____

Address: _____

Email: _____

Telephone: _____

Mobile: _____

CAR DETAILS

Make: _____

Model: _____

Year: _____

Previous Race History of vehicle at Levels: _____

Please note this is not an entry form. If your car is accepted an entry form will need to be completed.

PLEASE FORWARD THIS FORM TO SCCC.SECRETARY@XTRA.CO.NZ OR POST TO P.OBOX 4008 TIMARU.