



APPLICATION FORM 2020

I WISH TO REGISTER IN LORENZINI TOUR AUTO IN THE FOLLOWING CATEGORY

COMPETITION	<input type="checkbox"/>	REGULARITY	<input type="checkbox"/>
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CAR DETAILS

Make			
Model		Year	
Chassis		Registration plate	
History of the car (if existent)			

COMPETITION

Please provide:

- A photo of the car

Cars entered in the Competition category must hold a currently valid FIA Historic Technical Passport.

- A full copy of the HTP

REGULARITY

Please sign below confirming that the car complies with requirements of European road regulations.:

Signature: _____



DRIVER

Family Name		Photo
First Name		
Place of birth		
Date of birth		
Nationality		
Address		
City, Post Code	City	Post Code
Country		
Telephone		
Mobile Phone		
E-Mail		
Driving license	Number	Expiration
Sex	Size	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Dietary requirements*		
Team		

(*) subject to availability

Please provide:

- Driver's Photo

- Copy of Driver's Racing Licence

Competition: a national or FIA international racing licence is obliged.

Regularity: if you do not have a racing or regularity licence you will be issued a temporary regularity license by the FPAK.

- Copy of Driver's Passport

This will facilitate the check-in process.

- Medical Statement

Competition: drivers do not need to present this medical statement due to valid racing licence being comprehensive of a medical check.

Regularity: a medical statement confirming the driver's health to enter the Tour is needed.



CO-DRIVER

Family Name				Photo
First Name				
Place of birth				
Date of birth				
Nationality				
Address				
City, Post Code		City	Post Code	
Country				
Telephone				
Mobile Phone				
E-Mail				
Driving license		Number		Expiration
Sex	Size	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Dietary requirements *				

(*) subject to availability

Please provide:

- Co-Driver's Photo

- Copy of Co-Driver Racing Licence

Competition: a national or FIA international racing licence is obliged.

Regularity: if you do not have a racing or regularity licence you will be issued a temporary regularity license by the FPAK.

- Copy of Co-Driver's Passport

This will facilitate the check-in process.

- Medical Statement

Competition: drivers do not need to present this medical statement due to valid racing licence being comprehensive of a medical check.

Regularity: a medical statement confirming the driver's health to enter the Tour is needed.



ENTRY FEE

Date	Until 30 th March	From 1 st April until 30 th June	After 30 th June (subject to availability)
Competition Section	€ 8.500,00	€ 8.800,00	€ 9.300,00
Regularity Section	€ 8.100,00	€ 8.400,00	€ 8.900,00
Room type	<ul style="list-style-type: none">• Double (one king or queen bed)• Twin (two separate beds)		
Payment mode	<ul style="list-style-type: none">• Credit card• Wire transfer		

SUPPLEMENTS

Date	Until 30 th March	From 1 st April until 30 th June	After 30 th June
Two single rooms	€ 1.600,00	€ 2.000,00	€ 2.200,00

For special rooms and suites requests, please contact us.

SUPPORT CREW

Date	Until 30 th March	From 1 st April
One twin room	€ 3.900,00	€ 4.300,00

Includes the same hospitality as the participants.

A separate form will be sent to be filled with support crew information.

Please provide an e-mail address: _____

Total	€
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For further special accommodation arrangements, please contact us.



PAYMENT

WIRE TRANSFER

Bank coordinates for wire transfers:

Bank: MILLENNIUM BCP
IBAN: PT50 0033 0000 4558 6423 7080 5
BIC/SWIFT: BCOMPTPL
Account Holder: COURAGE COMPETITION

Please note that we require all international transfers to be made with the "OUR" code in the Swift instructions (transfer costs at payer's charge).

CREDIT CARD

To pay with credit card fill details below:

<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	Credit Card No.: _____
Name on card: _____		Exp.: ____/____ CVV2 code: _____
I authorise to charge my credit card		
Signature _____		

INVOICE DETAILS

Name	
Address	
VAT Number	



ACCEPTANCE

Please send this application form by post or email to:

Courage Competition
Estrada de Manique, nº 2.
1750-166 Lisboa
Portugal

info@lorenzini.pt

This application is subject to approval by the Organisation.

Files not completed or not accompanied by proof of payment will not be accepted.

The entry fee includes accommodation in a double room for 5 nights, breakfasts, lunches, dinners and some surprises...

Luggage will be handled daily by the Organisation from hotel to hotel.

The entry fee will be totally refunded when the application is not accepted. If a competitor cancels until June 30th 2020, 50% of the entry fee will be refunded. For all cancellations after June 30th, no refund will be issued.

Courage Competition reserves the right to rule out any car found different from what mentioned on this entry form. In that case, the entry fee will not be refunded. Any changes of car must be previously communicated to and accepted by Courage Competition.

I declare that I have read and accepted the terms and conditions in this application form.

Date	Driver's Signature	Co-Driver's Signature



ACQUISITION OF CONSENT FOR DATA PROCESSING

According to art. 7 of EU Regulation 2016/679

Parties affected by data processing: CUSTOMERS TAKING PART IN EVENTS

Reasons for processing personal details:

1. Marketing;
2. Processing of health-related information (allergies, food intolerances, specific health conditions, medical information relating fitness to take part in sport, information about food restrictions for religious reasons, body size for the provision of bespoke apparel) for the preparation and safe completion of services associated with the event in line with the terms of contract signed the parties;
3. Processing of personal details (details of those taking part in events / any comments and interviews) via publication in the (web, social media, paper publications) for the purposes of promoting and advertising the event in popular means of communication.

I, _____ the party affected by said data processing, hereby confirm I have read the privacy notice given to me pursuant to article 13 of EU Regulation 2016/679 and that I am perfectly aware of my rights as stated in the privacy notice received, and am acting of my own free will and have not been subjected to any influence and/or psychological pressure.

<input type="checkbox"/> give my consent	<input type="checkbox"/> refuse my consent	For the processing of my personal details for marketing purposes
<input type="checkbox"/> give my consent	<input type="checkbox"/> refuse my consent	For the processing of health-related details (allergies, food intolerances, specific health conditions, medical information relating to fitness to take part in sport, information about food restrictions for religious reasons, body size for the provision of bespoke apparel) for the preparation and safe completion of services associated with the event in line with the terms of contract signed by the parties.
<input type="checkbox"/> give my consent	<input type="checkbox"/> refuse my consent	For the processing of my personal details (details of those taking part in events / any comments and interviews) via publication in the press (web, social media, paper publications) for the purposes of promoting and advertising the event in popular means of communication.
<input type="checkbox"/> give my consent	<input type="checkbox"/> refuse my consent	To the communication of personal details to third-party companies for their own marketing purposes.

Date _____

Signature of the party affected by the data processing _____