



iRace

www.iRace.net.au

Logbook Application

Vehicle Owner Details

Surname: _____ Christian Names: _____
 Address: _____
 Phone (H): _____ Phone (M): _____
 Email: _____

Vehicle Details

Category(ies): Please circle	Formula Tasman	LM Sports	Touring Car Challenge	Muscle Division	RocketSports	Production Racing Cars
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Make: _____ Model: _____ Year: _____
 Chassis No: _____ Colour: _____ Construction: _____

Engine Manufacturer: _____ Engine Number: _____ Aspiration: NAT / SUP / TURB
 No of Cylinders: _____ Bore: _____ Stroke: _____
 Valve Location: _____ Swept Volume: _____ cc Capacity: _____ cc

Photos required: 3/4 Front View 3/4 Rear View Side View Please attach by paperclip or staple

Payment Details - Administration Fee \$20

Cheque Enclosed: or Card Type: Visa: Mastercard:
 Name on Card: _____ Expiry: _____
 Card Number: _____ Signature: _____

Return completed form,
attachments and payment
to:

Independent Race Series, 5/73 Sheppard St, HUME, ACT, 2620