



Friday 29th January –
Sunday 31st January

2010

Navigator Form

Applications Close COB 15th December 2008

CO DRIVER / NAVIGATOR NAME: _____

EMAIL: _____

SUPPLYING AN EMAIL ADDRESS ENSURES THAT YOU ARE KEPT UP TO DATE WITH IMPORTANT TARGA WREST POINT INFORMATION

POSTAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

BUSINESS HOURS TELEPHONE: _____ MOBILE: _____

MALE/FEMALE: _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER OR BUSINESS NAME: _____

DO YOU INTEND TO DRIVE ON ANY TARGA WREST POINT STAGES? YES NO

COMPETITION DRIVING EXPERIENCE:

HAVE YOU SUCCESSFULLY COMPLETED AN APPROVED DRIVER TRAINING COURSE? YES NO

PLEASE LIST THE COURSE, THE MONTH AND THE YEAR OF THE COMPLETION, AND ENCLOSE A COPY OF THE CERTIFICATE:

_____ / ____ / ____

AASA LICENCE STATUS: RENEW LICENCE NEW LICENCE APPLICATION

NATIONAL RALLY LICENCE # _____ NATIONAL TOUR LICENCE # _____

CO DRIVER / NAVIGATOR NEXT OF KIN DETAILS:

NAME: _____ RELATIONSHIP: _____

POSTAL ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

AFTER HOURS TELEPHONE: _____ MOBILE: _____