



2021 Registration Form

Driver Details

I/We the undersigned confirm the Driver details as below

Driver First Name: _____ Surname: _____

Driver Mobile No: _____ Email: _____

Birthdate: _____

Billing Address

I/We the undersigned confirm the billing name and address details as below

Name: _____

Mobile No: _____ Email: _____

Address: _____ City: _____

State/Prov: _____ Postal Code: _____ Country: _____

Registration

I/We the undersigned confirm registration for the Formula Americas Super GP Championship and agree to make payment of:

REGISTRATION: \$1,000.00 Season Registration Fee

\$14,995.00 for each event entered, due 20 days prior to the start of each event.

All Fees are fully refundable should COVID issues make it not possible to participate

Preferred Car #: 1st choice _____, 2nd choice _____, 3rd choice _____, 4th choice _____
(car numbers assigned in order of registration receipt date)

Driver Name

Signature

Date

Parent or Guardian Name
(if under 18 years of age)

Signature

Date

Email to: FASuperGP@gmail.com

Formula America Corp. 3802 Berkshire Way, Grovetown, Georgia 30813 – 1-239-994-5888



2021 Registration Payment Form

I am hereby:

() enclosing a check/money order

() sending payment by wire transfer

in the amount of \$_____ .

Name _____

Signature _____

Email us at: FASuperGP@gmail.com for wire transfer information.