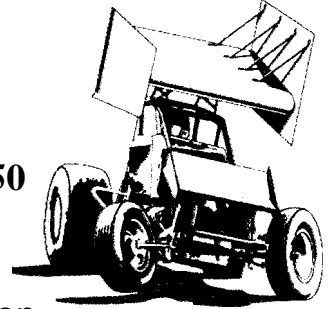


QLSRA (INCORPORATED)



Please send your application to the Secretary either by:

Post: **Jim Kennedy, 19 Belgium Street, Toowoomba Q 4350**

Or Email: **qlsrsec@gmail.com**

VEHICLE REGISTRATION APPLICATION FORM - Season 2020/2021

I/We being the owner/s

Of (full address) _____ State: _____
fi/C:...

Phone (H): _____ (M): _____

Email: _____

Apply for the registration of a vehicle that complies within the Queensland Lightning Sprint Racing Association Class Specifications.

Car Number: _____ (2nd Choice) _____

State vehicle garaged: _____

Name of

Driver/s: _____

Colour (Main): _____

(Minor): _____

Engine make & model: _____

Engine Seal No. _____

(Note: Numbers will be allocated on a first in first serve basis. Where numbers have been allocated in the previous season the person to whom that number was allocated holds the right to retain that number. If that person doesn't renew the car registration within a period of 12 months the number will then become available for others.)

Applicants Signature: _____ Date: _____

Office Use Only
Approved: _____ Date: _____ Car

No.: _____