



6-8 Sep. 2024

Rally Hokkaido

Service Crew Registration Form / サービス員登録申込書

Competitor Number: ゼッケン番号	Entrant Name エントラント名	
	Contact Name 担当者	

Service Crew and Team Member / サービスクルー・チーム員

	Family Name / 姓	Given Name / 名	Pronunciation/フリガナ (Japanese/Chainese Only)	Birthday / 生年月日	Service Crew / Team Member	Insurance application* / 保険加入*
1					Service Crew / Team Member	<input type="checkbox"/>
2					Service Crew / Team Member	<input type="checkbox"/>
3					Service Crew / Team Member	<input type="checkbox"/>
4					Service Crew / Team Member	<input type="checkbox"/>
5					Service Crew / Team Member	<input type="checkbox"/>
6					Service Crew / Team Member	<input type="checkbox"/>
7					Service Crew / Team Member	<input type="checkbox"/>
8					Service Crew / Team Member	<input type="checkbox"/>
9					Service Crew / Team Member	<input type="checkbox"/>
10					Service Crew / Team Member	<input type="checkbox"/>
11					Service Crew / Team Member	<input type="checkbox"/>

* Tick if wishing to apply for accident insurance (JPY400 per person, covering for a week)

* 傷害保険加入希望者はチェックを入れてください(一人当たり400円、保険期間1週間)