



Registration Form *Rundstrecken Challenge Nürburgring 2024*

Individual Classification

Entry Closing Date: **15. April 2024**

Please send to: By Email to: Manager@r-c-n.com

Rundstrecken Challenge Nürburgring
Willi Hillebrand
Meinkenbrachterstr.18
59846 Sundern-Meinkenbracht

Registration for: **Please make sure to tick**

	Registration fee	until 31.01.2024	from 1.02.2024
RCN 2024	<input type="checkbox"/> 1. Fahrer	450,00 €	500,00 €
RCN 2024	<input type="checkbox"/> 2. Fahrer	450,00 €	500,00 €
RCN-light 2024	<input type="checkbox"/> Fahrer	350,00 €	400,00 €

Antragsteller:

Last Name:	First Name:
Street:	ZIP Code/City:
Date of Birth:	Phone:
Mobil Phone:	E-Mail:

Notice:

Only the first driver receives a permanent starting number..

Please fill out the application directly on your Computer eg.. Adobe Reader If you fill out by hand please use block letters..

A registration in the Ladys Cup, or Junior Trophy (agegroup **1999** and younger) or Senior Cup (Agegroup **1969** and older) can be made without a registration in the RCN 2024 or RCN light 2024.

Registration only for:
(without registration for RCN)

<input type="checkbox"/>	RCN - Ladys Cup	
<input type="checkbox"/>	RCN - Junior Trophy	Born 1999 or younger
<input type="checkbox"/>	RCN - Senioren Cup	Born 1969 or older

Vehicles of the Group RS 7 / RS 8 and RS 8A **must be** registered here, otherwise there is no guaranteed entry!

Vehicle details **Vehicle-Type:** _____ **Group:** _____ **Class:** _____

Desired Starting Numgber: **The Startingnumbers 1 to 3 are set and assignedd by RCN e.V..** (Fort the allocation of the Starting numbers 2024, the disired Starting Numbers will be considered after the receipt of hte registration)

RCN 2024 (# 4 - # 299) 1. 2. 3.

RCN light 2024 (# 401 – # 449) 1. 2. 3.

Registration fee: (please tick)

The regisration fee of 450,00 € 500,00 € (RCN 1./2. Driver) 350,00 € 400 € (RCN light)

Has tob e transfered tot he Bank Account IBAN: DE63 3706 2365 0101 0870 34 BIC: GENODED1FHJ Of the Volksbank Rhein-Erft-Köln eG unter the Password „Registration 2024“.

Place: _____ Date: _____ Signature: _____

Please do not fill in:

Date Postmark Date Received:Date Payment received:.....

Check No.....Allocated Starting Number:



Press – Information 2024

**Voluntary Information for the Track Speaker and
the RCN e.V. Media-Staff**

Press-Information 2024

Last Name: _____ First Name: _____

Street: _____ ZIP Code/City: _____

Date of Birth: _____

Phone _____ Mobil Phone: _____

Fax: _____ E-Mail: _____

Marital Status: _____ No of Children: _____ Profession: _____

Hobbies: _____

Since when in Motorsport: _____ Since when RCN

E-Mail Adresses oft he daily Newspaper at your Location: _____

Achievements RCN: _____

Goals for RCN 2024: _____

Further Achievements in Motorsport: _____

Notes/Further Information: _____