



DRIVER ACADEMY APPLICATION										
APPLICANT DETAILS										
Name:							MSCT Member No (if applicable):			
Age:	DOB:			Phone:			Email Address			
Address:								Suburb:		
State:				Post Code:				hirt Size to 5XL)		
EMERGENCY CONTACT (ALL APPLICANTS MUST COMPLETE)										
Parent / Guardian / Emergency Contact Name:							Relationship:			
Contact Number:							Email Address:			
PREVIOUS DRIVING EXPERIENCE										
Please detail previous driving experience – Note: applicants must have basic driving skills to participate in the Motor Sports Club of Tasmania Driver Academy										
Vehicle Experience Man				ual Automatic						
I want more information on: More				orkhana Khanacross Hill Cl		Hill Clin	nb Speed Event Rally			
Preferred Driver Academy Date										
15 th July 2023				30 th September 2023 Women in Motorsport			Please keep me informed of future Drive Academy Events			
Morning			Morning Afternoon Junior Adult			Morning		Afternoon		
SIGNATURES										
I hereby agree to comply with the rules and regulations of the Motor Sports Club of Tasmania Inc. Driver Academy										
Signature of applicant:					1			Date:		
Signature of parent/guardian:					Date:					
Please submit your completed application via email to: driver.academy@msct.com.au										

