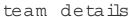


UAE DESERT CHALLENGE 2001 AUTO ENTRY FORM



		Team Manager:				
Country:	· · · · · · · · · · · · · · · · · · ·	PostalCode:				
1 7						
Num berofServiceVehicles	:		NumberofServiceCrew:			
hotos						
olease affix 4x assport size hotographs)	Driver / pilote	Co-driver 1 / co- pilote 1	Co-driver 2 / co-pilote 2 (T4 Only)			
		Sev. 1	Maleo Femaleo			
Full Name: Nationality: Address:		D atte o	Male o Female o of Birth:			
Full N am e: N ationality: A ddress:		D atte c	ofBirth:			
Full Name: Nationality: Address: Country:		D atte c	of B ixth:			
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personal information	
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Country:	Postal Code:
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Mobile No.:	
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docum entation	
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Signature of Team M anager: Signature of FirstD river: Signature of Co-D river1: Signature of Co-D river2: Vehicle details Make: YearofManu:: Cobur: Reg.Number: Chassis No.:			M odel:	untry:	Date: Date: Cubic Capacity:	
EngineNo.: InsuranceCo.:			_ Group:		C lass:	
Policy No.:			Expiry D	ate:		
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National						
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O /Seas Private Entry	_	=	ſ		A/cNo:01-5	
M anufacturer Entry (_	=			NationalBan	k of Dubai
M anufacturer Entry (=	1		P.O.Box 77	7
Truck Entry (paid bet		=	[Dubai. United Arab	Em irates
Truck Entry (paid afte	er8 Sep 2001)US\$4,750]			
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Trucks—Return shipp	ping firom Ger	noatoDubaiUS\$7,600]] Pleage fay on	py of transfer
0 newayshippingca				for reference and		
M iscellaneou	s Charge	S			reconciliation	
Additional GalaDinn	_]		(+971 4 2666	5996).
		lBooks—US\$ 200 percar]]	
A com m odat	ion					
	fspecialUAE	DesertChallenge rates at the page.	e H yattR egency -	-please		
To	otalpayab	le to UAE Desert Ch	ıallenge			

If you do not wish to stay at the HyattRegency, please indicate which hotelyou will be staying at whilst in Dubai and give a contact number where possible:



D rive rs	Sumam	е	:
	~ 0	_	•

ROOM RATES (US\$ 1.00 - Dhs 3.65)		Single: Double:	Dhs Dhs	485.00 560.00	US\$ 133.00 US\$ 153.00
American Breakfast Buffet	Dhs	00.00	US\$	16.00	
Continental Breakfast.		Dhs 50.00		US\$ 14.00	

The above rates are subject to 10% M unicipality tax and 10% service charge.

Room charges are no longer included in the UAED exert Challenge entry fee and therefore all costs are directly payable to the HyattRegency Dubai.

1.. Please complete the booking form (type or use capital letters).

Details		1 st Perso	n	2 nd Person
Family Name:				
First Name:				
1 st Stay				
Arrival	date			
	time			
Departure	date			
	time			
Arrival Flight Details				
Airport pick-up		☐ Yes (Dhs 30/-)	☐ No	☐ Yes (Dhs 30/-) ☐ No
2 nd Stay				
Arrival	date			
	time			
Departure	date			
	time			
Departure Flight Detail	S			
Type of Room		☐ King	Twin	☐ King ☐ Twin
1 st and 2 nd person		☐ Sharing room	Separate ro	ooms
Contact Telephone Nur	nber	-		
Fax Number				
2. Payment Details ((please	fill in complete details	5)	
Credit card type :		Number: [
Expiry Date: /]	Card holder's name (as shown on ca		
Specimen signature:				

3. Terms and conditions

Booking guarantee:

To secure your booking(s), please fax the above no later than 15th September 2001. Reservations are subject to availability and will be reconfirmed provided **credit card details have been given.** Deposit / cancellation:

A one night non-refundable deposit will be taken to secure the booking(s) and Hyatt Regency Dubai reserves the right to retain this deposit in the event of any cancellation after 1st October 2001.

Fax com pleted form s to: 00971 4 2666996

If you require additional inform ation regarding your booking, please contact M r.M anoj A rora, R eservations

Department, Hyatt Regency Dubai on telephone number: +971 4 2096838 / 2096839



Service	C = w	ď	
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ROOM RATES (US\$ 1.00-Dhs 3.65)		Single: Double:	Dhs Dhs		133.00 153.00	·
Am erican Breakfast Buffet Continental Breakfast	Dhs	60.00 Dhs 50.00	•	16.00 US\$ 14.00		

The above rates are subject to 10% M unicipality tax and 10% service charge.

Room charges are no longer included in the UAED exert Challenge entry fee and therefore all costs are directly payable to the HyattRegency Dubai.

1.. Please complete the booking form (type or use capital letters).

Details		1 st Persor	า	2 nd Person
Family Name:				
First Name:				
1 st Stay				
Arrival	date			
	time			
Departure	date			
	time			
Arrival Flight Details				
Airport pick-up		☐ Yes (Dhs 30/-)	☐ No	☐ Yes (Dhs 30/-) ☐ No
2 nd Stay				
Arrival	date			
	time			
Departure	date			
	time			
Departure Flight Detail	S			
Type of Room		☐ King	Twin	☐ King ☐ Twin
1 st and 2 nd person		☐ Sharing room	Separate ro	ooms
Contact Telephone Nun	nber		•	
Fax Number				
2. Payment Details (Credit card type:	-	fill in complete details)		
Credit card type		Number.		
Expiry Date: /]	Card holder's name(as shown on card		
Specimen signature:				

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If you require additional inform ation regarding your booking, please contact M r.M anoj A rora, R eservations D epartm ent, H yatt R egency D ubai on telephone num ber: $+971\ 4\ 2096838\ /2096839$