Grand Prix Formula 1 2026

Area reserved for l'AMHM

Demande reçue le :

Avis rendu le :

N° de Pass :

Caution :

Par :

Warning

If you do not complete this questionnaire completely and attach all of the documents requested, your request will not be considered.

Documents to be attached to your request :

- ☐ **Motivation Letter**
- ☐ The **entire** invalidity card photocopied **in color**.
- ☐ A **recent** photo of you **(wide shot) in the wheelchair** you will use.
- ☐ A 50€ deposit cheque (or cash) to the order of A.M.H.M.

DISABLED PERSON INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____

POSTCODE _____ CITY _____ COUNTRY _____

PHONE(S) _____

EMAIL ADDRESS _____

ARE YOU IN A WHEELCHAIR ? ☐ YES ☐ NO

☐ MOTORIZED ☐ MANUAL

PERSONAL CARE ATTENDANT INFORMATION
(One attendant per disabled person is allowed)

LAST NAME _____ FIRST NAME _____

ADDRESS _____

POSTCODE _____ CITY _____ COUNTRY _____

PHONE(S) _____

RACE DAYS YOU WOULD ATTEND

SATURDAY, JUNE 6 th, 2026 ☐ YES ☐ NO

SUNDAY, JUNE 7 th, 2026 ☐ YES ☐ NO