



# Grand Prix Formula 1 2024



## 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	<input type="text"/>	FIRST NAME	<input type="text"/>		
ADDRESS	<input type="text"/>				
POSTCODE	<input type="text"/>	CITY	<input type="text"/>	COUNTRY	<input type="text"/>
PHONE(S)	<input type="text"/>				
EMAIL ADDRESS	<input type="text"/>				
ARE YOU IN A WHEELCHAIR ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	<input type="checkbox"/> MOTORIZED	<input type="checkbox"/> MANUAL			

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

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>		
ADDRESS	<input type="text"/>				
POSTCODE	<input type="text"/>	CITY	<input type="text"/>	COUNTRY	<input type="text"/>
PHONE(S)	<input type="text"/>				

## RACE DAYS YOU WOULD ATTEND

SATURDAY, MAY 25TH, 2024	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SUNDAY, MAY 26TH, 2024	<input type="checkbox"/> YES	<input type="checkbox"/> NO