

PROTOCOL NR* *Do not fill in, these fields are provided by the organizer	RACE NR IF ALREADY IN POSSESSION FROM WEEKEND 1
---	---

SHAKEDOWN TIME CHOICE
2nd Weekend – GHIACCIODROMO LIVIGNO (SO)

DRIVER	
Name and Surname:	
CAR	
Constructor/Model:	

INDICATE WITH AN X THE PREFERRED TIME
IF THE BATTERY IS ALREADY FULL, YOU WILL BE MOVED TO THE NEXT FREE HOUR.

	09:30 A.M.
	09:40 A.M.
	09:50 A.M.
	10:00 A.M.
	10:10 A.M.
	10:20 A.M.

	10:30 A.M.
	10:40 A.M.
	10:50 A.M.
	11:00 A.M.
	11:10 A.M.
	11:20 A.M.

Date	Concurrent Signature	Driver Signature