



**FRAMLINGHAM TOWN COUNCIL**  
**Gravity Go Cart Race Sunday 21st May 2017**

**Application form**

**Team name:**

**Team Captain:**

**Name:**

**Age:**

**Address:**

**Email:**

**Contact numbers:**

**1.Driver:**

**Other Team Members ( these may be additional drivers if time permits):**

**2. Name** \_\_\_\_\_ **age:**

**3. Name** \_\_\_\_\_ **age:**

**4. Name** \_\_\_\_\_ **age:**

**5. Name** \_\_\_\_\_ **age:**

Please send this completed form to:  
Framlingham Town Council 10 Riverside Framlingham  
or give to Cllr Spadge Hopkins on the day.

Entry fee £10.00 cheques payable to Framlingham Town Council

Any questions please call Spadge on 07831843 922