



XPERIENCE GREECE

ENTRY 2026

Please note that the entrant natural person must be on the car as driver or co-driver during the entire race.

Entrant – Driver

Driver Data

Name * _____ Family Name * _____
Place of Birth * _____
Date of Birth * _____ Gender * _____
Citizenship * _____
Tax ID Code * _____
Size * _____

Postal Address

Address * _____
City * _____ Postal Code * _____
Province * _____ Country * _____

EMAIL and Telephone Number

Mobile * _____ E-mail * _____

Driving Licence & Licence

Driving Licence Category * _____
Driving Licence Number * _____
Expiry Date * _____
Sports License (If Possessed) _____

Allergy

* Mandatory Fields

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Co-Driver

Co-Driver Data

Name * _____ Family Name * _____
Place of Birth * _____
Date of Birth * _____ Gender * _____
Citizenship * _____
Tax ID Code * _____
Size * _____

Postal Address

Address * _____
City * _____ Postal Code * _____
Province * _____ Country * _____

EMAIL and Telephone Number

Mobile * _____ E-mail * _____

Driving Licence & Licence

Driving Licence Category * _____
Driving Licence Number * _____
Expiry Date * _____
Sports License (If Possessed) _____

Allergy

* Mandatory Fields

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Car

Register Certificate Number* _____

Manufacturer _____ Model * _____

Type of Bodywork * _____

Year of Costruction * _____ Engine Capacity (C.C.) * _____

Number of Cylinders * _____

Power Output (KW) * _____

Engine Type and Number * _____

Power Supply _____

Chassis Number Type * _____

Registration Number * _____

Country of Registration * _____

Name & Surname of Owner * _____

Owner Country * _____

Certificate of Authenticity

Type of Certificate (FIVA ID, FICHE ACI SPORT, HTP FIA) _____

Number _____

Date of Issue _____

Insurance

Insurance Company * _____

Insurance Policy Number * _____

Expiry Date Insurance Policy * _____

* Mandatory Fields

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Invoice Data

Natural Person

Name * _____ Family Name * _____
Tax ID Code * _____
Address * _____
City * _____ Postal Code * _____
Province * _____ Country * _____

Legal Entity

Company * _____
VAT Code * _____ Address * _____
City * _____ Postal Code * _____
Country * _____ Province * _____
Code SDI (ONLY FOR ITALY) _____
PEC _____

Bank Data

Account Number _____
Account Holder _____
Bank _____
Branch _____
Address * _____
City * _____
IBAN _____
BIC _____
SWIFT _____

* Mandatory Fields

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Send Registration

- ☐ I Have Read, Understood and Accepted the Rules and Regulations*
- ☐ I Have Read and Accepted the Terms and Conditions for Entry and Participation to the Event*
- ☐ I Have Read and Understood the Contents of the General Conditions and I Declare, Pursuant to and for the Purposes of of the Greek Civil Code.*
- ☐ I Should My Application Be Rejected, I Agree to Being Listed in the Waiting List to Have the Possibility of Being Selected as a Substitute of Crews That May Have Withdrawn or May Have Not Passed the Checks for Any Reason.
- ☐ I Agree to Have the Pictures I Upload Used According to the Rules Described in the Images Disclaimer.*
- ☐ I Have Read the Privacy Policy Regarding the Processing of My Personal Data, Pursuant of the GDPR and I Consent to the Processing of My Personal Data for the Purposes at Points A) and B) of the Abovementioned Policy.*
- ☐ I Consent the Transmission of My Personal Data to the Business Partners of 1000 Miglia Experience Greece for the Purpose of Sending Information and Advertising Communications by Them (Purpose D) of the Privacy Policy.
- ☐ I Consent to Have My Personal Data Used to Receive Newsletters from 1000 Miglia Experience Greece and for Direct Marketing Activities by 1000 Miglia Experience Greece of the Privacy Policy.

* Mandatory Fields

Signature _____

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