



**APRILIA RS660 2026 TROPHY**

**REQUEST OF REGISTRATION WILD CARD**

**N.B. Please send the form completed and signed in all its fields to the email address [info@bkcorse.com](mailto:info@bkcorse.com) together with the payment received.**

**BK Corse reserves the right to accept the registration request at its sole discretion. Registration will be considered accepted if BK Corse does not communicate the refusal of registration by e-mail within 15 days.**

**Rider details:**

**SURNAME** \_\_\_\_\_ **NAME** \_\_\_\_\_

**BORN at:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Residence: Street** \_\_\_\_\_

**N°** \_\_\_\_\_ **Post Code** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_

**Tel.** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**AND, IF THE PILOT IS A MINOR**

Parent 1 Name: \_\_\_\_\_, born at \_\_\_\_\_

date \_\_\_\_\_ and Parent 2 \_\_\_\_\_,

born at \_\_\_\_\_ date \_\_\_\_\_, whose exercising parental

authority (hereinafter also Parents) of rider \_\_\_\_\_ born at

\_\_\_\_\_, date \_\_\_\_\_, all resident in

Tel. \_\_\_\_\_ mobile \_\_\_\_\_

E-MAIL \_\_\_\_\_

**DETAILS ( fill with your choises )**

**RACE NUMBER** (3 options) 1) \_\_\_\_\_ ; 2) \_\_\_\_\_ ; 3) \_\_\_\_\_

**TEAM: (Team's support name)** \_\_\_\_\_

**Team's Owner:** \_\_\_\_\_



### Rider information

Height \_\_\_\_\_ weight \_\_\_\_\_ T-shirt size \_\_\_\_\_

( PLEASE SEND A PICTURE IN PASSPORT STILE OF THE RIDER FOR THE WEB PRESENTATION )

Date....., Place .....

Team's Owner Signature .....

Rider's signature .....

Subjects exercising parental authority

Subjects exercising parental authority

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**FOR UNDER AGE DRIVERS PLEASE ATTACH IDENTITY DOCUMENTS ON THE FRONT AND BACK OF BOTH PARENTS/PARENTAL RESPONSIBILITY.**



### HOW TO PAY

Data to make the payment of the registration balance (payment reference):

#### **BANK TRANSFER**

**Pay to: BK CORSE SRL**

**Bank: BANCO BNPM**

**IBAN: IT49K0503462521000000003330**

**BIC/SWIFT: BAPPIT21724**

To be specified in the payment: **NAME AND SURNAME OF THE RIDER - TROFEO APRILIA RS 660 2026 Race (date of the race weekend )**

#### **COST:**

**CIV weekend Cost: Euro 950,00** (ninehundredsifty/00) + **VAT if due**

**BRNO weekend Cost: Euro 1.100,00** (onethousandonehundred/00) + **VAT if due**

**IN ORDER TO ISSUE THE INVOICE, please complete the following form. If not completed, the invoice will be issued in the name of the Pilot.**





- **Communications, results of the official sessions, images, videos and contents published by BK Corse on its channels and social networks.**

**Prizes offered by BK Corse:**

- **Cups for all competitions and award ceremonies as per the 2026 Sporting Regulations**

**By signing this form, the Rider and/or those exercising parental responsibility and the Team accept and sign the 2026 Sporting Regulations and the 2026 Technical Regulations as published on the official FMI website for the 2026 Aprilia RS 660 Trophy and undertake to respect them.**

**For everything that has not been specified in this form, reference is made to the Sporting Regulations of the 2026 Aprilia RS 660 Trophy as published on the official FMI website,**  
[www.federmoto.it/specialita/civ/sezione/documenti/](http://www.federmoto.it/specialita/civ/sezione/documenti/)

date....., place .....

Team's Owner Signature .....

Rider's signature .....

(if a minor pilot):

Subjects exercising parental authority

Subjects exercising parental authority

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