

TROFEO LANCIA 2026

DRIVER'S REGISTRATION FORM

*Please send this form filled and signed by email at [racingshop@stellantis.com](mailto:racingshop@stellantis.com),  
[eugenio.franzetti@stellantis.com](mailto:eugenio.franzetti@stellantis.com) and [g.cogni@lpditalia.it](mailto:g.cogni@lpditalia.it)*

**REGISTRATION :**

NAME:

First name:

Nationality:

Date of birth:

Age at the date of the registration:

Address:

Mobile:

E-mail:

***Reminder : only the driver (i.e. the person who will effectively be driving the car) is allowed to fill this form.***

**LICENSE :**

License number:

Type:

Country code:

National sporting authority:

**CODRIVER (optional) :**

NAME:

First name:

Mobile:

E-mail:

**RALLY TEAM:**

NAME of the team :

NAME of the legal entity or person owning the car:

Mobile:

E-mail:

**RACEWEAR AND CLOTHING:**

Sizes of race suits, tops and clothes that will be handed to the crews once the payment of the engagement fee will be confirmed.

Size of the race suit :

Size	Waist	Weight (kg)	Height	Driver's choice	Codriver's choice (optional)
46	77-80	48-54	165-166	<input type="checkbox"/>	<input type="checkbox"/>
48	81-84	54-60	167-169	<input type="checkbox"/>	<input type="checkbox"/>
50	85-88	60-66	170-172	<input type="checkbox"/>	<input type="checkbox"/>
52	89-92	66-72	173-175	<input type="checkbox"/>	<input type="checkbox"/>
54	93-96	72-78	176-179	<input type="checkbox"/>	<input type="checkbox"/>
56	97-100	78-84	180-184	<input type="checkbox"/>	<input type="checkbox"/>
58	101-104	84-90	185-187	<input type="checkbox"/>	<input type="checkbox"/>
60	105-108	90-96	188-190	<input type="checkbox"/>	<input type="checkbox"/>
62	109-112	96-102	191-193	<input type="checkbox"/>	<input type="checkbox"/>
64	113-115	102-108	194-196	<input type="checkbox"/>	<input type="checkbox"/>
66	116-119	108-114	197-199	<input type="checkbox"/>	<input type="checkbox"/>

Clothing :

	S	M	L	XL	XXL
Driver's choice	<input type="checkbox"/>				
Codriver's choice (optional)	<input type="checkbox"/>				

**REGISTRATION FEES**

Registration type			
Full season Rally4 3.000 €	Full season Rally6 2.000 €	Discovery 600 €	Discovery last chance 500 €
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Please use the following bank details for your payment:***

**AUTOMOBILES PEUGEOT**

**2 BOULEVARD DE**

**YVELINES CEDEX 9**

**IBAN : FR76 3000 3042 5000 0201 5002 850**

**BIC : SOGEFRPP**

***A sales order will be edited by Stellantis Auto SAS once this form will have been received. Payment can only be made as soon as this order will have been sent to the driver. No payment will be accepted without the possibility to link it with an existing order.***

*It's mandatory for the applicant to attach an ID picture to this form for it to be fully considered and approved.*

*NB: STELLANTIS MOTORSPORT may reserve the right to examine any unusual application to the TROFEO LANCIA – 2026 and could refuse or exclude any participation before or during the season without further justification if it is likely to be harmful to the spirit of the series*

## DISCLAIMER

I, the undersigned (NAME, first name)

hereby commit, as part of my registration for the TROFEO LANCIA 2026, to comply with the sports and technical regulations that I have already had the opportunity to review, both in form and in spirit, as well as the specific regulations for each rally.

I declare that I have been fully informed of the risks inherent in the practice of motorsport and accept them. I declare that I have been encouraged to take out personal accident insurance, covering any damage I may suffer, complementing the insurance included in my sports license to which I have adhered through the relevant federation.

I declare that I am in a state of health compatible with the practice of motorsport. I declare that I am not under the influence of any medication or other substances that could impair or alter my physical and/or mental faculties during the TROFEO LANCIA 2026.

I waive all claims, as well as those of my heirs and legal representatives, against STELLANTIS AUTO SAS, its parent company STELLANTIS NV, including all its subsidiaries, partners, collaborators, and/or subcontractors, for any damages caused or suffered directly or indirectly as a result of my participation in the TROFEO LANCIA 2026.

I declare that all the information provided above is accurate, and I am aware that any false declaration in this document may lead to my immediate exclusion from the TROFEO LANCIA 2026, with all amounts paid being forfeited to STELLANTIS AUTO SAS.

I acknowledge that the data collected is necessary for my registration request, that it is intended for STELLANTIS AUTO SAS, its group, partners, and service providers, and that in accordance with the European Regulation known as "GDPR" No. 2016/679 dated April 27, 2016, I have the option to individually exercise my right of access, information, rectification, opposition to communication, and deletion by sending a registered letter to the attention of the Data Protection Officer - STELLANTIS AUTO SAS at the address provided below.

Date :

Signature of the driver (preceded by the words "read and approved")

By checking this box, I agree to sign this information disclaimer without any reservation.

**STELLANTIS MOTORSPORT**  
**to the attention of the Data Protection Officer**  
**19 allée des Marronniers - 78000 VERSAILLES**

## ISTRUZIONI PER LE COORDINATE BANCARIE CERTIFICATE

I dati bancari devono includere, come minimo:

- Nome completo della banca e suo indirizzo
- Data di emissione del documento (deve essere stato emesso meno di un mese prima della data di sottoscrizione e invio del Modulo di Pagamento Premi)
- Nome completo, indirizzo e IBAN della persona fisica o della società indicata come beneficiario nel Modulo di Pagamento Premi
- Timbro della banca originale (non sono ammesse copie)
- Firma autografa della banca originale (non sono ammesse copie)

## INSTRUCTIONS FOR CERTIFIED BANK DETAILS

Your bank details must include, at least:

- Full name and address of the bank
- Date of the document (not older than 1 month before the date at which the prize money payment form has been signed and sent)
- Complete name, address and IBAN of the private individual or company mentioned as the beneficiary on the prize money payment form
- Stamp of the bank (original, not copied)
- Hand signature of the bank (original, not copied)

## INSTRUCTIONS POUR LES RELEVES D'IDENTITE BANCAIRE CERTIFIES

Votre relevé d'identité bancaire doit inclure, au minimum:

- Le nom complet et l'adresse de votre banque
- La date du document (celui-ci ne doit pas être daté de plus d'un mois avant la signature et l'envoi du formulaire de paiement)
- Nom complet, adresse et IBAN de la personne physique ou morale mentionnée comme bénéficiaire des primes sur le formulaire de paiement
- Cachet de la banque (original, non copié)
- Signature manuscrite de la banque (originale, non copiée)