

2020 Mazda Motorsport Club Uk Max 5 Championship

7. REGISTRATION FORM

Please complete in capital letters

NAME OF DRIVER: _____

ADDRESS: _____

_____ POSTCODE: _____

TEL(DAY): _____ (EVE): _____

E MAIL ADDRESS: _____

AGE: _____ DATE OF BIRTH _____

NATIONALITY: _____

COMPETITION LICENCE No: _____ GRADE: _____

BARC MEMBERSHIP No: _____ (Mandatory)

CLUB MEMBERSHIP No: TBA _____ (Mandatory)

NAME OF ENTRANT: _____

ADDRESS: _____

(if different from above)

_____ POSTCODE: _____

TEL(DAY): _____ (EVE): _____

ALL CORRESPONDENCE SHOULD BE SENT TO: DRIVER ENTRANT

CAR: MAZDA MODEL: _____ CC: _____

CLASS ENTERED: CLASS A: CLASS B: CLASS C: CLASS D:

CLASS INV

PREFERRED COMPETITION NUMBER: _____

PLEASE COMPLETE REVERSE OF FORM

PREVIOUS RACING EXPERIENCE OF DRIVER: _____

SIGNATURE OF ENTRANT: _____
(if different from Driver)

SIGNATURE OF DRIVER: _____

TO BE COMPLETED BY ALL APPLICANTS:

I wish to register for the **2020 Mazda Motorsport Club UK Max 5 Championship** and I declare that the information given above is correct. I understand that should the above information change in any way I will confirm details in writing to the BARC as detailed below.

SIGNED: _____ DATE: _____

ONCE FULLY COMPLETED THIS FORM SHOULD BE RETURNED TO:

David Wheadon - email: dwheadon@barc.net or posted to the address below:

British Automobile Racing Club, Thruxton Circuit, Andover, Hampshire SP11 8PN.

PRIOR TO THE FIRST CLOSING DATE OF THE FIRST RACE ENTERED

FOR OFFICIAL USE ONLY

REGISTRATION FEE **TBA**

DATE RECEIVED:.....

DATE REGISTRATION CARD SENT:.....

COMPETITION NUMBER ALLOCATED:.....