

# 2021 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 M & 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 **2021 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:**

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

**PRIOR TO THE FIRST CLOSING DATE OF THE FIRST RACE ENTERED**

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FOR OFFICIAL USE ONLY

REGISTRATION FEE **TBA**

DATE RECEIVED:.....

DATE REGISTRATION CARD SENT:.....

COMPETITION NUMBER ALLOCATED:.....