

2018 BARC Clubmans Championship

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)

NAME OF ENTRANT: _____

ENTRANT LICENCE No: _____ GRADE: _____

ADDRESS: _____

(If different from above)

_____ POSTCODE: _____

TEL (DAY): _____ (EVE): _____

ALL CORRESPONDENCE SHOULD BE SENT TO:

DRIVER:

ENTRANT:

CAR: _____ MODEL: _____ CC: _____

CLASS ENTERED: _____

PREFERRED COMPETITION NUMBER: _____

NEXT OF KIN NAME: _____

NEXT OF KIN RELATIONSHIP: _____

NEXT OF KIN PHONE NUMBER: _____

SIGNATURE OF ENTRANT: _____
(If different from Driver)

SIGNATURE OF DRIVER: _____

SIGNATURE OF ENTRANT: _____
(If different from Driver)

SIGNATURE OF DRIVER: _____

TO BE COMPLETED BY ALL APPLICANTS:

I wish to register for the **2018 BARC CLUBMANS 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