

2019 BTRA Truck 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: _____

BTRA 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:

TRUCK: _____ MODEL: _____ CC: _____

CLASS ENTERED: DIVISION 1: DIVISION 2:

PREFERRED COMPETITION NUMBER: _____

PLEASE COMPLETE REVERSE OF FORM

NEXT OF KIN NAME: _____

NEXT OF KIN RELATIONSHIP: _____

NEXT OF KIN PHONE NUMBER: _____

SIGNATURE OF ENTRANT: _____
(If different from Driver)

SIGNATURE OF DRIVER: _____

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 **2019 BTRA TRUCK 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:

Email: dwheadon@barc.net

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

PRIOR TO THE FIRST CLOSING DATE OF THE FIRST RACE ENTERED