



COMPETITOR REGISTRATION FORM 2017

Please complete and return WITH Registration fee of £75 to Alan Jenkins, 95B Ninian Park Road, Cardiff, CF11 6HX nalajay@hotmail.com

Please register me as a contender for the above Championship.

Surname..... Forenames.....

Address.....

.....

.....

Home Tel.No..... Business

Mobile..... E Mail.....

MSA Comp. Licence No. / Grade.....

CAR Make & Model.....C.C.....

Preferred Competition No.....

(Competition numbers are allocated on a first come first served basis. Your number will be allocated with your receipt).

Class (To be confirmed by the Eligibility Scrutineer).....

.Club Membership No. WRDA..... BARC.....

Code of Practice.

1. I understand that the championship will be administered by a steering committee who will advise and assist the Championship Coordinator.
2. I agree that I will abide with any and all bulletins issued by the Championship Coordinator without any comment.
3. I understand that to ensure fair competition the organisers reserve the right to re-classify certain individual car and driver combinations.
4. I agree that neither I nor any member of my team or anyone who purports to have any connection with me or any member of my team will make any adverse comments to the press or media. I understand that if any such comments are printed or broadcast. I may be called before the Steering Committee to give account of said comments.
5. I understand that this applies to misbehaviour or unfair practice.
6. I understand that the Steering Committee reserve the right to censure championship contenders in respect of items 4&5.
7. In extreme cases, following the appropriate hearing, the Championship Organisers may refund a registration fee and request that a competitor takes no further part in the Championship. This does not prejudice the normal rights of appeal as allowed for in the MSA Competitors & Officials Yearbook.
8. I understand that telephone calls to officials should be made after 9.00 and 21.30 hours.

Signed..... Date.....



REGISTRATION FORM PAYMENT SECTION 2017

Registration fee £75

NAME

ADDRESS

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POST CODE.....

MOBILE

CAR.....COMP. NO.....

I enclose a cheque made payable to the WSSCC Championship for £75 as payment for the above Championship as indicated.

I wish to pay by BACS.

Signed.....

Bank Transfer Details.

Bank HSBC

Please put Reg fee and Initials

Account Name WSSCC

Account No. 12767848

Sort Code 40-43-31

Please return with Registration form to:

Alan Jenkins nalajay@hotmail.com

