

**2010 AWMMC AUTOTEST CHAMPIONSHIP
COMPETITORS REGISTRATION FORM**

NAME _____

ADDRESS _____

TELEPHONE (H) _____ **(B)** _____

CLUB _____

CAR _____

CAPACITY _____

CLASS _____

Novice Have you ever won a 1st in class award or better at a Restricted / National B status event YES / NO

Please complete and return this form together with a cheque for £7.00 made payable to the AWMMC to :-

**Bob Budd Championship Secretary
110 Vincote Road
Coventry
Warwickshire
CV6 6EB**

**Tel 024 7636 1558
Email r.budd89@btinternet.com**

For official use only
