

**2016 CAR TRIAL CHAMPIONSHIP
REGISTRATION FORM**

NAME.....

FULL POSTAL ADDRESS.....

.....

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POST CODE..... TEL NUMBER.....

SIGNATURE.....

All entries will be checked by the Championship Secretary and may be subject to re-classification.
The contender will be advised if re-classified

Age if under 18 years.....If under 18 years the following declaration must be signed.

THIS ENTRY IS MADE WITH MY CONSENT (to be signed by Parent or Guardian)

Signature.....

Relationship to entrant.....

Please print your full name address and telephone number below.

NAME.....

FULL POSTAL ADDRESS.....

.....

.....

POST CODE..... TEL NUMBER.....

EMAIL ADDRESS.....

**ENTRY FEE £5.00 MADE PAYABLE TO THE AWMMC AND SENT TO THE
 CHAMPIONSHIP SECRETARY**

**Steve Courts
55 Poplar Road
Bishops Itchington
Southam
CV47 2RQ
Telephone 01926 612692 Mob 0777 0963340
e-mail steveco1@outlook.com**