



5 Nations Motorsport UK British Rallycross Championship 2020

REGISTRATION FORM

Please complete in capital letters

NAME OF DRIVER: _____

ADDRESS: _____

_____ POSTCODE: _____

TEL (DAY): _____ (EVE): _____

EMAIL ADDRESS: _____

AGE: _____

DATE OF BIRTH: _____

NATIONALITY: _____

COMPETITION LICENCE No: _____ GRADE: _____

LHMC MEMBERSHIP No: _____ (Mandatory)

ENTRANT LICENCE No: _____ GRADE: _____

NAME OF ENTRANT: _____

ADDRESS:

(If different from above) _____

_____ POSTCODE: _____

TEL (DAY): _____ (EVE): _____

ALL CORRESPONDENCE SHOULD BE TO:

DRIVER / ENTRANT (CIRCLE RELEVANT)



TO BE COMPLETED BY ALL APPLICANTS:

I wish to register for the **2020 5 Nations MOTORSPORT UK British Rallycross 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 LHMC as detailed below.

SIGNED: _____ DATE: _____

ONCE FULLY COMPLETED THIS FORM SHOULD BE RETURNED TO:

Email: Simone@lyddenhill.co.uk

Post: Simone Cornish, LHMC, Lydden Hill Race Circuit, Wootton, Canterbury, Kent, CT46RX

PRIOR TO THE FIRST CLOSING DATE OF THE FIRST RACE ENTERED