



## REGISTRATION FORM 2015

All drivers must register as competitors for the Championship by returning this Registration Form with the Registration Fee of £275 to the BRSCC. On receipt of the completed Registration Form, drivers deemed suitable will be invited to compete in the 2015 BRSCC Mazda MX-5 Championship. Acceptance or rejection is entirely at the discretion of BRSCC. Please complete all Sections.

### Section 1 – Contact Details

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Telephone	Daytime <input type="text"/>	Evening <input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>	Home Town	<input type="text"/>
MSA Lic Grade	<input type="text"/>	MSA Lic No	<input type="text"/>
		BRSCC Mem No	<input type="text"/>
		Mem Exp Date	<input type="text"/>

Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team.

Details of relative to be notified in the event of a serious accident.

Name	<input type="text"/>	Relationship	<input type="text"/>	Telephone	<input type="text"/>
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### Section 2 – Vehicle Details

Vehicle	<b>Mazda MX-5 Mk1 1600cc</b>	Transponder No	<input type="text"/>
Sponsor	<input type="text"/>		

Please state preferred Competition No 1<sup>st</sup> Choice  2<sup>nd</sup> Choice  3<sup>rd</sup> Choice

### Section 3 – Declaration

*I agree to abide by all rules and regulations laid down in the BRSCC Mazda MX-5 Championship Sporting and Technical Regulations, including any amendments or clarifications that may be made by the organisers during the course of the season and to observe all rules and regulations of the MSA Ltd. I agree to rounds of the championship being substituted in the event of a cancellation.*

Please indicate with "X" if submitting electronically

Signature	<input type="text"/>	Date	<input type="text"/>
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### Section 4 – Payment Details

Please complete card payment details below **OR** attach a cheque for £275.00 made payable to BRSCC.

Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start Date	<input type="text"/>	Expiry Date	<input type="text"/>	Issue No	<input type="text"/>	Security No (3 digits on reverse)	<input type="text"/>		

Please send completed form including payment to

By Post: BRSCC, Unit E, Homesdale Business Centre, Platt Industrial Estate, Maidstone Road, Borough Green, Kent TN15 8JL

By E Mail: [entry@brsc.co.uk](mailto:entry@brsc.co.uk) By Fax: (01732) 885783