CLAIM FORM FOR BWRDC RALLY CHAMPIONSHIP

Period Ending _____

Name: _____

Phone Number: _____

Address: _____

Driving/Co-driving* **Car:** _____ **Email:** _____

Name of Co-driver/Driver*: _____

*** Delete as applicable**

Date	Event	Status of Event	No of Starters in Class	Finish Pos'n in Class	No. of days	P O I N T S			
						Days started	Pos'n in class	x Status	Total

SEND WITH COPIES OF RESULTS TO:

Viv Ayres, West View Stables, Castle Tump, Newent, Gloucestershire GL18 1LS
(h) 01531 890678 (m) 07733 123348 (e) viv.ayres@publishingtechnology.com

Results will be returned if accompanied by S.A.E.