CLAIM FORM FOR BWRDC
AUTOCROSS / HILLCLIMB / RALLYCROSS / SPRINT *
CHAMPIONSHIP

***Delete as applicable**

Period Ending _____

Name: _____

Phone Number: _____

Address: _____

Car: _____ **Email:** _____

Date	Venue	Status of Event	No of Starters in Class	Finish Pos'n in Class	P O I N T S				Nat A Only	
					Start	Pos'n	Status	Total	Best time	Your time

SEND WITH COPIES OF RESULTS TO:

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