CLAIM FORM FOR BWRC KART CHAMPIONSHIP **Period Ending ……**

Name: ……..…… **Phone Number: ……**

Address: **EMAIL: ……**

…….. Kart Make and Category ……

……

Date	Venue	Status of Event	No of Starters in Class	Finish Position

P O I N T S			
Points for Pos'n	1 point starting	Points for status	Total

SEND WITH COPIES OF RESULTS *OR* SIGNEDCLUB RESULT SHEET (below) TO:
(Results will be returned if accompanied by S.A.E.) **Email viv.ayres@publishingtechnology.com (m) 07733123348**
Viv Ayres, West View Stables, Castle Tump, Newent, Gloucestershire GL18 1LS Phone/Fax: 01531 890678

RESULT DECLARATION – USE IF NO RESULT SHEETS AVAILABLE

Date: …… Circuit: …….. No. of Entries in Class: ……. Final Position: …… Status of Event: ……

Signed: …… (MSA Steward, Clerk of the Course, Secretary of the Meeting)

Date: …… Circuit: …….. No. of Entries in Class: ……. Final Position: …… Status of Event: ……

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