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

Name: ……..…… **Phone Number: ……..**

Address: **Kart Make and Category ……..**
…….

Date	Venue	Circuit > 1 mile Y/N	Status of Event	No of Starters in Class	Finish Position

P O I N T S			
Pos'n	Circuit Length	Enduro	Total

SEND WITH COPIES OF RESULTS OR SIGNEDCLUB RESULT SHEET (below) TO:
(Results will be returned if accompanied by S.A.E.)
Viv Ayres - 5 Heathermount Drive, Crowthorne, Berks, RG45 6HJ.
Email: viv.ayres@vistacomp.com

CLUB RESULT SHEET – FOR USE IF NO RESULT SHEETS AVAILABLE

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

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

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

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