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

Name: ……..…… Phone Number: ……..

Address:
…….

Driver/Co-driver *

Date	Event	Status of Event	No of Starters in Class	Finish Position in Class	P O I N T S		
					Pos'n	X Status	Total

SEND WITH COPIES OF RESULTS 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

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