



REGISTRATION FOR
 'THE **SIDEWAYS**' CLUB'
 SPA ANNUAL RACE



NAME _____ ADDRESS _____

_____ POST CODE _____

LICENCE No _____ GRADE _____

TEL NUMBER (Home) _____ (Work) _____ (Mobile) _____

DATE OF BIRTH _____ OCCUPATION _____ YEAR STARTED RACING _____

E-Mail _____

RACING HISTORY AND HOW YOU MET BARRY SIDERY SMITH AND HIS INFLUENCE ON YOUR RACING LIFE

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MARQUE _____ MODEL _____ REGISTRATION NO. _____ USUAL RACE NO: _____

TRANSPONDER NO _____ YEAR _____ COLOUR _____ CC _____

MODIFICATION: FULL SOFT STANDARD WHAT CLASS WERE YOU PUT IN BY BARRY _____

Signed.....

Dated.....

PLEASE RETURN THE FULLY COMPLETED FORM TO: - Woodlands, 26 Wellesford Close, Banstead, Surrey SM7 2HL
 or COPY, SCAN and e mail back to pam@mccarthymotorsport.co.uk