

**REGISTRATION FORM FOR 2020**

After what has been a very successful series in 2020

Registration is £100.00 this is NON refundable

**NAME OF RIDER** ..............................................................................................

**RIDING GROUP** ……………………………………………………………………………………………

**RIDING NUMBER** ..........................................................................

RE**GISTRATION FEE £ 100.00 (NON REFUNDABLE)**

**RACE FEES**

**AUTO/JUNIOR, SW85, BW85, SENIORS, VETS - £90.00 PER ROUND**

**ADULT A/B - £100.00 PER ROUND**

**REGISTRATION WILL BE NUMBERED AND DATED ON RECEIPT. CHEQUES WILL BE MADE PAYABLE TO CHAMPION OF CHAMPIONS. ENTRIES WILL BE RESTRICTED TO 40 PER CLASS**

Licensing Club……………………………………………………………………………………………….

Licence Number………………………………........Group……………................................

Date of Birth......................................................................................................

Machine 1......................... Make.......................Year …………………………….

Transponder number…………………………………………………………............................

Sponsor details for programme...........................................................................

………………………………………………………………………………………………………………………..

Parent / Agent / AMX Signature...........................................................................

**AUTO/JUNIOR 65CC**

**SMALL WHEELS 85CC**

**BIG WHEELS 85CC**

**SENIORS**

**ADULT A**

**ADULT B**

**MX1/MX2**

**VETS OVER35/VETS OVER 45**

**DATES:**

PLEASE RETURN THE COMPLETED FORM TOGETHER WITH REGISTRATION FEE TO **BSMA**  **THE SATURN CENTRE, SPRING ROAD, ETTINGSHALL, WOLVERHAMPTON, WV4 6JX** DECLARATION I HAVE READ AND UNDERSTOOD THIS REGISTRATION DOCUMENT AND WISH TO REGISTER FOR THE BSMA CHAMPIONSHIP 2019

**SIGNATURE RIDER/PARENT/LEGAL GUARDIAN** ..............................................................................

**PRINT NAME**: ....................................................................................................................................

**ADDRESS:** ..........................................................................................................................................

...........................................................................................................................................................

**PHONE NUMBER**: ............................................................................................................................

**EMAIL** : ………………………………………………………...................................................................................

 (**PLEASE MAKE SURE THAT THIS INFORMATION IS PRINTED CLEARLY AND ALL BOXES ARE FILLED OUT)**

REGISTRATION WILL ONLY BE ACCEPTED AFTER PAYMENT HAS CLEARED, TO MAKE A CARD PAYMENT PLEASE CALL Tracey O'Connor on 07436563264