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**Registration form for 2021**

**After what was a terrible year in 2020 with the Covid 19**

**Registration is £100.00 this is NON refundable**

**Name of rider ………………………………………………………….**

**Riding group ……………………………………………………………**

**Riding Number ………………………………………………………..**

**Registration Fee £100.00 (NON Refundable)**

**Race Fees**

**Auto /Junior, SW85, BW85, Senior, 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 LTD. 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 (THESE WILL BE SEPARATED IF ENOUGH INTEREST)**

**SMALL WHEELS 85CC**

**BIG WHEELS 85CC**

**SENIORS**

**ADULT A**

**ADULT B**

**VETS OVER35/VETS OVER 45**

**DATES:**

March -CULHAM

April - LANDRAKE

May - WROXTON

June - PONTRILAS

July - PENYBONT

August - FOXHILLS

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 2021

**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