

# 2019 MICHELIN CLIO CUP SERIES REGISTRATION FORM

**PLEASE COMPLETE IN BLOCK CAPITALS – THIS FORM IS NOT VALID UNLESS SIGNED**

NAME OF DRIVER: \_\_\_\_\_

DRIVER'S EMAIL ADDRESS: \_\_\_\_\_

 DRIVER'S TWITTER ACCOUNT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

MOBILE TELEPHONE NUMBER: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ COMPETITION LICENCE No: \_\_\_\_\_ GRADE: \_\_\_\_\_

BARC MEMBERSHIP No. COMPULSORY: \_\_\_\_\_

ENTRANT NAME (max 6 words): \_\_\_\_\_

ENTRANT'S LICENCE NUMBER: \_\_\_\_\_

ENTRANT'S EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: (If different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEAM MANAGER'S MOBILE TELEPHONE NUMBER: \_\_\_\_\_

TRANSPONDER NO: \_\_\_\_\_

PREFERRED COMPETITION NUMBER: \_\_\_\_\_

PLEASE TICK CLASS ENTERED:    RACE     ROAD     SPORT

SIGNATURE OF ENTRANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(if different from Driver)

SIGNATURE OF DRIVER: \_\_\_\_\_ DATE: \_\_\_\_\_



DETAILS OF PREVIOUS RACING EXPERIENCE AND SUCCESS OF DRIVER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS:**

I understand and accept that I am solely responsible for ensuring my car complies with the entirety of the Technical Regulations at all times during competition. I declare that my car has not been modified or changed in any way that could render it ineligible to comply with the Technical Regulations. To the best of my knowledge all parts fitted to this vehicle conform to the Technical Regulations. I have taken account of all the safety requirements of the Sporting, Technical and Commercial Regulations and Event in which I am entered.

I wish to register with BARC for the **2019 MICHELIN CLIO CUP SERIES** and I declare that the information given above is correct. I understand that should the above information change in any way I will confirm details in writing to the Series Administrator as detailed below.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTER SIGNATURE OF PARENT/GUARDIAN IF DRIVER IS AGED UNDER 18:  
\_\_\_\_\_  
DATE: \_\_\_\_\_

ONCE FULLY COMPLETED THIS FORM SHOULD BE RETURNED TO:

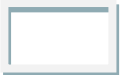
**Pauline Hillon, Series Administrator**  
The Forge  
100 Bondgate  
Castle Donington  
Derby DE74 2NR

OR EMAIL TO: [Pauline.hillon@gmail.com](mailto:Pauline.hillon@gmail.com)

REGISTRATION FEE: **£720.00 including VAT** ( **£500 including VAT if paid on/before 31<sup>st</sup> January 2019** )

PAYMENT TO BE MADE BY BANK TRANSFER TO:  
**ACCOUNT NAME: BARC LTD: SORT CODE: 20-19-90 ACCOUNT NUMBER: 6350-2724**

Alternatively, payment by cheque (made payable to BARC LTD) must accompany this registration form.

<p><b>FOR OFFICIAL USE ONLY</b></p> <p>DATE FORM RECEIVED: .....</p> <p>COMPETITION NUMBER ALLOCATED: .....</p>	
---	---