The Classic Sports Car Club 2012 Future Classics Series Registration Form

Entrants Name:

Drivers Name (if different): | **M'ship No:**

Address:

Post Code:

Telephone

Home: **Mobile:**

Work: **Fax:**

E-Mail:

Car Details

Make: **Model:**

Colour: **Year:**

If the car is new to the Series, please attach a three-quarter front view photograph of the car as it will be raced.

Engine Details

Make & Type: **CC:**

Class: **Preferred race No:**

Modifications to car:

Cars racing History:

Series Registration fee is **£99**. Please note that **ALL** drivers must be a member of The Classic Sports Car Club **(see separate Membership Form)**

Please make cheques payable to Classic Sports Car Club Ltd or please debit my Mastercard/ Visa Credit/ Visa Debit/ Maestro Card **(please delete as appropriate)**

Valid From					Expiry Date					Issue No.		3 Digit Sec No.			

Signature: **Date:**

Please return completed form to:

The Classic Sports Car Club Ltd, 1 Masons Wharf, Corsham, Wiltshire, SN13 9FY

Telephone: 0844 8843260 Fax: 01225 811337

e-mail: Info@classicsportscarclub.co.uk