The Classic Sports Car Club
2012 Special Saloons
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:**	
Engine Details **Make & Type:** **CC:**	
Class:	**Preferred race No:**
Cars racing History:	

Series Registration fee is **£50**. 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