ACTC Trials Championship on behalf of the ASWMC			Entry Form 2024			024	Date			
Entrant's Details		the ASVVIVIC								
First Name	<u> </u>		La	st Name	,					
Address			•							
<u> </u>										
Post Code			Phone	e Numbe	er					
E-mail Address										
I am entering the Car Drivers championships.									YES	NO
I am entering the Solo Motorcycle Riders championships.								YES	NO	
I am entering the Red Rose Bowl sidecar outfit championship								YES	NO	
I am entering my Navigator for the Navigators Championship. (Cars only)									YES	NO
All the above include an electronic copy of Restart magazine										
Driver/Rider would also like a Paper copy of Restart magazine									YES	NO
My Navigator would also like a Paper copy of Restart magazine									YES	NO
I am not entering the championship but am subscribing to a paper copy of Restart magazine .									YES	NO
		ats must be a member of a fig., for Motorcycle Riders	an ACTC	affiliated	club	(Car D	rivers) or an	ACU or ACM	1A affiliate	d club,
I am a member of Club										
Please read and then sign the following declaration I do not hold a competition licence from any club other than the Motorsport UK (MSUK) or the ACU or AMCA (as appropriate). I have a current UK driving licence and I agree to keep to the general competition rules of the MSUK or the ACU and AMCA and to the rules of the ACTC. If entering the Motorcycle Championships I confirm that I (and my passenger in the case of the Red Rose Bowl) are registered with the ACU or AMCA as Trials Riders.										
Signature	Current ACTC Competitor Number If known MSUK Comp Licence Number CARS If known								S	
All Car and Motorcycle Entrants will be sent SRs and Entry Forms for Championship Events (except Motorcycle only events and MCC events) and certain other qualifying events. The preferred method of delivery is E-mail										
Entrant: I would like to receive my SRs and Entry Forms by e-mail to the above e-mail address									YES	NO
NAVIGATOR'S CHAMPIONSHIP (Cars Only)										
If you want your navigator to compete for championship points please add their details below: First Name Last Name										
Address					<u> </u>					
1										
Post Code	t Code Phone Number									
E-mail Addre	ss									
PLEASE PAY DIRECT TO BANK IF POSSIBLE AND E-MAIL OR POST THIS FORM TO JOHN BELL E-MAIL johnbell890@hotmail.com										
PAY ACTC TSB 30-96-28 A/C 01585347				<u>@notman</u>	.00	m	All Cheques	to be made	payable to	ACTC
Drivers/Riders Championships			Cars £1				Send c	heques with	this form t	:0:
Navigators Championship				00						
Paper copy of Restart magazine for Driver/Rider				£12.00 JOHN			JOHN BE	LL		
Paper copy of Restart magazine for Navigator			£12.	00			36 EW	OOD HALL	AVENU	Ε,
Paper copy of RESTART Magazine only			£12.	00			N	IYTHOLMR	OYD,	

Please note that the details you give on this form will be kept in computer files, unless you tell us otherwise.

HEBDEN BRIDGE, HX7 5PH

TOTAL

I am paying by BANK - CHEQUE