

**2015 LINK-UP LTD MSA BRITISH  
AUTOTEST CHAMPIONSHIP**



**REGISTRATION FORM**

**Full Name:**

**Date of Birth:**

**Home Address:**

**Telephone: Home:**

**Work:**

**E-Mail:**

**VEHICLE DETAILS:**      Make: .....

Model: ..... Capacity: .....

**CAR HISTORY/DETAILS WORTHY OF NOTE:**

**DRIVERS NOTABLE SUCCESSES:**

**PREVIOUS NATIONAL CHAMPIONSHIP RESULTS:**

**DECLARATION & CONSENT TO PASS ON PERSONAL INFORMATION:**

I have read and understand the Regulations for this Championship and agree to be bound by them.

By providing this personal information on this form I agree that the MSA may pass on all or any of this information to the organisers of the events forming the Championship in order that those organisers may contact me regarding the Championship.

Signed: Driver:

Date: ..... Championship  
Registration No.: .....

(MSA USE ONLY)

I ENCLOSE A REGISTRATION FEE OF £20.00 PER PERSON PAYABLE TO:

**MOTOR SPORTS ASSOCIATION**

PLEASE RETURN THIS FORM, TOGETHER WITH APPROPRIATE FEE TO:

**Andrea Richards, Motor Sports Association, Motor Sports House, Riverside Park, Colnbrook SL30HG**

**You are advised that information from this form will be stored on a Data Retrieval System.**