

Appendix B. Drivers Registration Form

Please complete in block capitals.

Name of Driver:

Address:

Postcode:

Telephone: (Day)

Telephone: (Night)

Mobile:

E-Mail:

Date of Birth:

Nationality:

Competition License #:

Competition License Grade:

BARC Membership No: (**Mandatory**)

Name of Entrant: (eg. Team)

Address of Entrant:

Postcode:

Telephone: (Day)

Telephone: (Night)

All Correspondence should be sent to:

Driver

Entrant

Car:

Model:

CC:

Class Entered:

E36 Class

E46 Class

E92 Class

Invitation

Preferred Competition Number:

(Using Sequence described in 5.21.6)

Signature of Driver:

Signature of Entrant: (If different from Driver)

To be completed by all registering applicants:

I wish to register for the 2010 BMW CSL Cup and I declare that the information given above is correct. I understand that should the above information change in anyway I will confirm details in writing to the CSL Cup LTD as detailed below.

Signed:

Date:

Once completed, this form should be returned prior to Race 1 to:

CSL Cup LTD, CO Thorney Motorsport, Dunsby Road, Redmoor, Milton Keynes, MK6 4AD.