

MCAC COMPETING CHAMPIONSHIPS CLAIM FORM

Name of Event: _____

Driver: _____ Navigator: _____

Service Crew: _____

Date of Event: _____ Status: Inter / Nat A / Nat B or below*

Starters in class:	- your class result:	+ 1 point:	Sub Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Plus Bonus for OVERALL: (1 st = 5, 2 nd = 3, 3 rd = 1)		<input type="text"/>
	Plus Bonus for CLASS: (1 st = 5, 2 nd = 3, 3 rd = 1)		<input type="text"/>
	Multiply by Event Co-efficient (TOTAL:) (3 Day or Inter x 2, 2 Day or Nat A x 1.5, 1 Day or Nat B x 1)		<input type="text"/>

Points Claimed in which Championship: (Tick all that apply)

Road Rally Driver:	<input type="checkbox"/>	Off-Road Driver:	<input type="checkbox"/>
Road Rally Co-Driver:	<input type="checkbox"/>	Service:	<input type="checkbox"/>
Stage Rally Driver:	<input type="checkbox"/>	Junior:	<input type="checkbox"/>
Stage Rally Co-Driver:	<input type="checkbox"/>	Best MCAC:	<input type="checkbox"/>
Night Trial Driver:	<input type="checkbox"/>		
Night Trial Navigator:	<input type="checkbox"/>		

Checklist

Entry List Enclosed:	<input type="checkbox"/>	MCAC Stickers on Car:	<input type="checkbox"/>
Results Enclosed:	<input type="checkbox"/>	Entered under MCAC:	<input type="checkbox"/>

I declare to the best of my knowledge the information given is true and accurate

Signed:

Date:

Tel No: (In case of query)

Please return to Pete Farmer: petef@mcac.co.uk or via club night.