

2021 MOTORSPORT UK APPOINTED REGIONAL ASSOCIATION REGISTRATION FORM

Name of Regional Association: _____

Declaration

We certify that the following resolution has been passed by the Committee of the Association, in a duly authorised meeting.

"The Committee instructs its nominated official to complete and submit to Motorsport UK the application (which has been circulated to and read by the members of the committee) for registration of this Regional Association as a body recognised for the purposes of providing guidance and support to its members clubs".

- We confirm that, at the time of this application, the officials of the Regional Association are correctly detailed.
- We will notify Motorsport UK immediately of any changes to the membership of its Committee.
- We will notify Motorsport UK of any changes to the Regional Association rules and will forward a revised copy.
- We understand that, as a condition of this application, this Regional Association will comply with all regulations and instructions issued by or on behalf of Motorsport UK.
- We understand that any failure to comply with the Regulations of Motorsport UK may result in withdrawal of our registration.
- We authorise the person named to make this application on behalf of the Regional Association.
- We understand that Motorsport UK is registered under the Data Protection Act to hold information on its computer system.
- We further understand that a condition of registration is that Motorsport UK will include our contact details in Motorsport UK publications and we hereby consent to our contact details being included.

**Please check and update your Association officials online.
Simply log in as your Association and enter the Edit Club area.**

By completing this document, your Association will receive 3 copies of the current Motorsport UK Yearbook, and Registration Certificate which are posted in December.

Additional copies of the Yearbooks (Motorsport UK Officials Pack) are available online at www.motorsportuk.org or from the Motorsport UK Sales Department on 01753 765 000.

PLEASE COMPLETE AND RETURN BY 25TH SEPTEMBER

Position: _____

Signature: _____ **Date:** _____