

SOUTH OF THE THAMES CCA ENTRY FORM

Name of Club _____ M/F _____

	Name	UKA Licence No.	Age on Race Day	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Name and address of Team Manager _____

Telephone no: _____

Email address: _____

Signature _____ Entry fee included for the sum of £ _____