

SENIOR OFFICIALS' TRAINING COURSE REGISTRATION FORM

FIRST TIME RENEWAL

COURSE DATE: _____

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL: _____

LICENCE NUMBER: _____

CLUB: _____

FIRST TIME SENIOR OFFICIAL TRAINING COURSE FEE - €25

NO FEE FOR REFRESHER TRAINING

PAYMENT OPTIONS:

I enclose: Cash Cheque Postal Order

Please debit my: Visa Mastercard Laser Card

Card Number:

CCV Number: Expiry Date:

Name of cardholder: _____

Signature: _____

Please return completed form to:

Claire Gunning, Motorsport Ireland, 34 Dawson Street, Dublin 2.

Fax: 01 6710793

Email: claire@motorsportireland.com