

Having already downloaded this Form to your desktop, it can now be completed electronically by typing the appropriate information into each of the empty boxes. Using it this way will not require a signature and payment must be done by BACS. Ensure you have filled in the boxes marked with an* before emailing the form back to:

stuartparker1@me.com

However, if you wish, you can printout the form and send it back with your cheque to the address below.

The 7	7th VSMA Reunion t	o be held c	on Friday 25th Octob	per, 2019	
		ENTRY F	ORM		
Surname:*		1st N	lame: *		
Address: *			Tel.No:*		
Post Code *	Email:	*			
If accompanie	ed by Non-Member Partner:	Partner's	s Surname :*		
	P	Partner's Usual	1st Name : *		
	here will be four Entry Class competitive or in an official o		o the year the member com	menced Motor Sport,	
Class 1 - Class 3 -	Pre -1967 Between 1979 - 1987	Class 2 - Class 4 -		Class Entered *	
	Or I have paid the approp	riate amount via	try fee of £45 plus, if applica a BACS to the V.S.M.A. bar eference "Reunion-YOUF	nk account.	
Signature :		Date: *	Vegetarian Meal ?	Yes/No *	
•			tish Motorsport Association ould be sent or emailed to:-		
Dr	Stuart S I Parker, 2	25 Burnsid	le Place, Larkhall,	ML9 2EQ	
	him no later than 27th Sept September, 2019.	ember, 2019.	Acceptance of this Entry	will be sent to you	
	Important: Please u	se a separate	Form for each VSMA Mem	nber.	
Fees : Chequ	e or BACS (If the latter p	lease note the	reference used)*		
I would like to	be seated at a table, with t	he following pe	rson(s):		

Have you reserved accommodation with the Dunblane Hydro? YES/NO

Note: Boxes marked with an * must be completed before returning the form