Classic Racing Motorcycle Club Limited

Classic Solo Machine Eligibility Registration - Application Form

Notes:-

- Use one form for each machine the fee is payable for each machine
- Return completed form together with <u>FOUR</u> photographs (two taken from each side, measuring 6" x 4") of the machine, taken side-on <u>UNFAIRED</u> with a large (9" x 6") stamped addressed envelope (remember you will need to add more stamps for large envelopes) and a cheque crossed and made payable to C.R.M.C. Ltd. for the sum of £25.00 (£50.00 non members) per machine to:-

John Davidson, CRMC CLASSIC ELIGIBILITY, 8 Hardwick Close, Aston, Sheffield, S26 2GU Email john.davidson@crmc.co.uk Telephone: 0114 287 3885

- An Eligibility Registration Number must be obtained for your machine before any race entry will be considered.
- It is always best to consult the eligibility officer about any registration especially if the machine is unusual.
- If in doubt about eligibility of any part, please give details plus photograph if possible, on a separate sheet.
- The fee is non-returnable i.e. even if the machine is deemed ineligible the fee is retained.

MACHINE	YEAR	MAKE	MODEL	Serial Number		BORE	STROKE	CAPACITY	
ENGINE						mm	mm	СС	
FRAME									
GEARBOX (CASING)									
FORKS				Diameter:	mn	n			
SWINGING ARM									
REAR SUSPENSION									
CARBURETTOR(S)				SIZE: mm		n No of:			
BRAKES: DRUM	YEAR	MAKE	MODEL						
FRONT									
REAR									
BRAKES: DISC TYPE	YEAR	MAKE	MODEL			YEAR	MAKE	MODEL	
FRONT: Master cylinder				FRONT: Disk					
REAR: Master cylinder				REAR: Disk					
FRONT: Caliper									
REAR: Caliper									
WHEELS:	YEAR	MAKE	MODEL						
FRONT:				DIAMETER:		WIDTH:			
REAR:				DIAMETER:		WIDTH:			
GROUP APPLIED FO		Prix, Clubman or		ELETE AS APP					
PERIOD APPLIED FO	R : Classi	C I Or Classic 2	(Di	ELETE AS APF	LICABLE	:)			
I DECLARE THAT TH	IERE ARE N	O COMPONENTS F	TITTED TO THE N	MACHINE THA	AT WOUL	D CAUSE IT	TO BE RE	GISTERED	
IN A DIFFERENT GF									
THE ELIGIBILITY CA	AKD KEMAI	NS THE PROPERTY	OF THE CRMC	LID AND MU	SIDES	UKKENDEKE	D IF REQU	ESIED BY	
				Б.					
Name: Address:	Date: Tel:								
71441 6551				1011					
Doctordo				CDMC	Maraha	wahin num	h a u .		
Postcode: Signed:		CRMC Membership number: Email:							
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CHECKLIST - D	_		ssad3 □ .	1 nhotos ===	alacedo		i on close 4	,	
Form fully completed?									