

DECISION OF THE STEWARDS HEARING

Organising Club _____ Date _____
Type Of Event _____ Status _____
Venue (Inc. Circuit Layout) _____ Permit No _____

Reason for hearing: Appeal Referral from Clerk of the Course Right of Review

Please fill out the below details below where applicable:

Name: _____
Competition / Entrant Licence No: _____
Issuing ASN (If not Motorsport UK): _____
Competition Number in Event: _____
Race / Class: _____

The Stewards heard evidence from the following persons:

The Stewards decision is:

Reason(s) for this decision:



DECISION OF THE STEWARDS HEARING

The appeal fee is: RETURNED FORFEIT

The licence is: RETAINED ENDORSED

The competitor has not made payment at the Event and undertakes to settle the payment to Motorsport UK in accordance with the regulations.

Yes No

	NAME	SIGNATURE
Motorsport UK Steward		
Event Steward		
Event Steward		

Timed at: _____

Date: _____

I, being the Driver / Entrant, acknowledge receipt of the above Stewards Decision:

Name: _____

Signature: _____

Timed at: _____

Date: _____

YOU ARE REMINDED OF YOUR RIGHT TO APPEAL