**CLERK OF THE COURSE TRAINING SEMINER- BRONZE**

The following people have attended a Clerk of the Course Bronze Training Seminar held

|  |  |  |  |
| --- | --- | --- | --- |
| At: |  | On: |  |

**Applicant #1**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | **Address:** | **Phone Numbers** |
|  |  | **H:****W:****M:** |
| **Date of Birth:** | **Email:** | **Car Club Name** | **Expiry Date** |
|  |  |  |  |

**Applicant #2**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | **Address:** | **Phone Numbers** |
|  |  | **H:****W:****M:** |
| **Date of Birth:** | **Email:** | **Car Club Name** | **Expiry Date** |
|  |  |  |  |

**Applicant #3**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | **Address:** | **Phone Numbers** |
|  |  | **H:****W:****M:** |
| **Date of Birth:** | **Email:** | **Car Club Name** | **Expiry Date** |
|  |  |  |  |

**Applicant #4**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | **Address:** | **Phone Numbers** |
|  |  | **H:****W:****M:** |
| **Date of Birth:** | **Email:** | **Car Club Name** | **Expiry Date** |
|  |  |  |  |

**Applicant #5**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | **Address:** | **Phone Numbers** |
|  |  | **H:****W:****M:** |
| **Date of Birth:** | **Email:** | **Car Club Name** | **Expiry Date** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Seminar Trainer Name:  |  | Signature: |  |

Please note a passport style photo is required to print on all Officials Licence Cards- If MSNZ do not have one on file you can email your photo to licence@motorsport.org.nz or post to P O Box 3793, Wellington