



Post-Trial Reporting Summary

Effective for events
beginning April 1, 2023.

Submit with
Trial Score Reporting Sheets & Payment
to: WCRL, PO Box 850955, Richardson, TX 75085-0955

TRIAL INFORMATION		
Host Name:	Group #:	Event #:
Trial Date(s):	Trial Secretary:	
	Email:	

LICENSING FEES							
		Regular Program ¹	Flash Program ²	Specialty Classes	Totals Per Day	Fee per Entry	Totals
DAY 1	# Entries					\$3.50	\$
	# Qualifications						
DAY 2	# Entries					\$3.50	\$
	# Qualifications						
DAY 3	# Entries					\$3.50	\$
	# Qualifications						
TOTAL LICENSING FEES DUE							\$

¹ Includes Intro, Level 1, Level 2, Level 3, and Veterans, including scratches and judges runs.

² Includes Level 1, Level 2, Level 3, including scratches and judges runs.

PAYMENT METHOD (Check One)		
<input type="checkbox"/> Check or Money Order payable to WCRL in U.S. funds*	Check #	Dated:
*Note: All checks will be processed electronically.		

<input type="checkbox"/> ACH/Electronic Check information	Name on Account:
Bank Name:	Bank/Branch Location:
Bank Routing # (9 digits):	Bank Acct # (6 to 16-digits):
Account Type: <input type="checkbox"/> Commercial Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Commercial Savings <input type="checkbox"/> Personal Savings	
I represent and warrant that I am authorized signer on the above account and hereby authorize WCRL to process a draft against the above account in the amount indicated herein via the Automated Clearinghouse (ACH) network:	
Authorized Account Signature: _____ Date: _____	

ALTERNATIVE PAYMENT FORM

Standard Forms of Payment Accepted for Licensing Fees are by Check or ACH/EFT.

If you wish to pay by wire transfer or credit card, additional processing fees apply as indicated on forms below:

<input type="checkbox"/> Wire Transfer Information		Amount Due	
		From Form: \$ _____ + \$30.00 = \$ _____ Wire Fee	
Account Name: World Cynosport Rally Limited		Wire Confirmation #: _____	Wire Date:
<input type="checkbox"/> Domestic:	Receiving Bank: Texas Capital Bank	ABA #: 111017979	Account #: 1411019506
<input type="checkbox"/> International (US Funds only)	SWIFT BIC: TXCBUS44	For Credit To: World Cynosport Rally Limited	
Receiving Bank: Texas Capital Bank	Receiving Bank Address: 2000 McKinney Ave. Dallas, Texas 75201	ABA #: 111017979	Account #: 1411019506

<input type="checkbox"/> Credit Card information		Amount Due from Form:	Service/Processing Fee:	Total Due:
		\$ _____ + _____ (3.75%) = \$ _____		
Account #:		Expiration:	CVC*:	
Name on Card:		Email:		
Billing Address:		Phone:		
City:	State:	Zip:	Country:	
<p>I represent and warrant that I am authorized signer on the above account and hereby authorize WCRL to charge my card for licensing fees and the service fee in the amount indicated above:</p> <p>Authorized Credit Card Signature: _____ Date: _____</p>				

**Credit Card Verification Code (CCV/CCVC) is 3 digits on signature panel on back of MasterCard, Visa, and Discover and 4 digits on front of American Express cards.*