



## Post-Trial Reporting Summary

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

Effective for events  
 beginning January 1, 2023.  
 Note Fee increase effective  
 for events after 3/31/2023.

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

LICENSING FEES							
		Regular Program <sup>1</sup>	Flash Program <sup>2</sup>	Specialty Classes	Totals Per Day	Fee per Entry	Totals
DAY 1	# Entries					\$3.00 / \$3.50* <small>*After 3/31/2023</small>	\$
	# Qualifications						
DAY 2	# Entries					\$3.00 / \$3.50* <small>*After 3/31/2023</small>	\$
	# Qualifications						
DAY 3	# Entries					\$3.00 / \$3.50* <small>*After 3/31/2023</small>	\$
	# Qualifications						
<b>TOTAL LICENSING FEES DUE</b>							<b>\$</b>

<sup>1</sup> Includes Intro, Level 1, Level 2, Level 3, and Veterans, including scratches and judges runs.  
<sup>2</sup> Includes Level 1, Level 2, Level 3, including scratches and judges runs.

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

<input type="checkbox"/> <b>ACH/Electronic Check information</b>	Name on Account:
Bank Name:	Bank/Branch Location:
Bank Routing # (9 digits):	Bank Acct # (6 to 16-digits):
<b>Account Type:</b> <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:	
<b>Authorized Account Signature:</b> _____ <b>Date:</b> _____	

## 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"/> <b>Wire Transfer Information</b>		Amount Due	
		From Form: \$ _____ + \$30.00 = \$ _____ Wire Fee	
Account Name: World Cynosport Rally Limited		Wire Confirmation #: _____	Wire Date: ____/____/____
<input type="checkbox"/> <b>Domestic:</b>	Receiving Bank: Texas Capital Bank	ABA #: 111017979	Account #: 1411019506
<input type="checkbox"/> <b>International (US Funds only)</b>	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"/> <b>Credit Card information</b>		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.*