



2012 MDA / BTRDA Clubmans Rallycross Championship



PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and these Supplementary Regulations

SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Postcode

Licence Grade Licence No ASN

Date of Birth Club Mem No Home Town

Phone: Home Work Mobile

Email Address

Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team

SECTION 2 – VEHICLE DETAILS

Car Number

Make of Car

Type/Model cc

Transponder No Class Forced Induction?

Super Modified Stock Hatch Mini Cross Junior

Sponsor Details

SECTION 3 – EVENT DETAILS – Entry Closing Date is 2 weeks prior to the Event, Late entries will automatically incur a £25 late entry fee

	Entry Fee	BTRDA/MDA Members	
Sunday 3 rd June	Nutts Corner Rnd 2		
Monday 4 th June	Nutts Corner Rnd 3		
	Includes Ferry Deal	£560	
	Total		

Tick to Enter

First time Competing at this circuit

1: I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. 2: I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached 3: I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so. 4: If I am the Parent/Guardian/Guarantor of the driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.' As the Parent/Guardian/Guarantor 'I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1

Driver Signature Date

Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian Signature of Parent/Guardian

Full Address

Please return completed Entry form to
Mike Yates 135 Walton Road, Chesterfield, Derbyshire, S403BX

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SECTION 4 – NEXT OF KIN

Name and Address of Relative to be Notified in the Event of a Serious Accident

Name	<input type="text"/>	Relationship	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>				

SECTION 5 – ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1st Driver will be nominated as the Entrant in accordance with MSA Regulation [C(a)3]

Entrant Name	<input type="text"/>					
Entrants Licence No	<input type="text"/>	ASN	<input type="text"/>	Representative Name	<input type="text"/>	
Entrant Address	<input type="text"/>				Postcode	<input type="text"/>
Phone: Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>	
Email Address	<input type="text"/>					

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Entrant Signature	<input type="text"/>	Date	<input type="text"/>
Age if Under 18	<input type="checkbox"/>	Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below	
Name of Parent/Guardian	<input type="text"/>	Signature of Parent/Guardian	<input type="text"/>
Full Address	<input type="text"/>		

SECTION 6 – PAYMENT DETAILS

Cheques to be made payable to: **Minicross Drivers Association Ltd**

SECTION 7 – NOTES FOR COMPLETION

- Please ensure that all information is completed as if you do not do so your entry will not be accepted
- If submitting entry form electronically, please indicate signature by Typing your name in the appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

SECTION 8 – FOR OFFICE USE ONLY

Date Received	<input type="text"/>		
Entry Fee Paid	<input type="text"/>	Date	<input type="text"/>
Method of Payment	<input type="text"/>		

Please return completed Entry form to
Mike Yates 135 Walton Road, Chesterfield, Derbyshire, S403BX

**NORTHERN IRELAND RALLYCROSS AND INTER-ASSOCIATION
AUTOTEST - STENA FERRY BOOKING FORM
SEND TO: j.j.yates@btconnect.com**

<p>COMPETITOR NAME</p> <p>INDICATE EVENT – RALLYCROSS OR AUTOTEST ?</p> <p>ADDRESS</p> <p>MOBILE TELEPHONE NUMBER</p> <p>EMAIL ADDRESS</p>	<p>RallyCross</p>
<p>TOW VEHICLE – DRIVER NAME</p>	
<p>PASSENGER NAME</p>	
<p>ADDITIONAL PASSENGER NAMES (EXTRA £30 RETURN EACH)</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>TOW VEHICLE DATA:</p> <p>REG NUMBER</p> <p>MAKE / MODEL</p> <p>LENGTH (<6M OR ACTUAL LENGTH)</p>	
<p>TRAILER LENGTH (<8M OR ACTUAL LENGTH)</p>	
<p><u>OUTWARD</u> SAILING REQUESTED FROM CAIRNRYAN TO BELFAST (SEE BELOW)</p>	<p>DATE:</p> <p>SAILING TIME:</p>
<p><u>RETURN</u> SAILING REQUESTED FROM BELFAST TO CAIRNRYAN (SEE BELOW)</p>	<p>DATE:</p> <p>SAILING TIME:</p>

Cairnryan - Belfast Timetable

Sailing times until further notice

From Cairnryan	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0345	✗	✓	✓	✓	✓	✓	✗
0530	✗	✗	✗	✗	✗	✗	✓
0730	✓	✓	✓	✓	✓	✓	✗
1130	✓	✓	✓	✓	✓	✓	✓
1530	✓	✓	✓	✓	✓	✓	✓
1930	✓	✓	✓	✓	✓	✓	✓
2330	✓	✓	✓	✓	✓	✓	✗
2359	✗	✗	✗	✗	✗	✗	✓

Belfast - Cairnryan Timetable

Sailing times until further notice

From Belfast	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0330	✗	✓	✓	✓	✓	✓	✗
0730	✓	✓	✓	✓	✓	✓	✓
1130	✓	✓	✓	✓	✓	✓	✓
1530	✓	✓	✓	✓	✓	✓	✓
1930	✓	✓	✓	✓	✓	✓	✓
2300	✗	✗	✗	✗	✗	✗	✓
2330	✓	✓	✓	✓	✓	✓	✗

Crossing Time: 2hrs 15mins

Sailing times subject to change without notice.

Latest Check-in Times

Superfast

30 minutes