

ALWOODLEY MOTOR CLUB

AUTOTEST

Sunday 20 July 2014

ENTRY FORM

(BLOCK CAPITALS PLEASE)

ENTRANT/Sponsor.....LIC. NO

DRIVER LIC. NO

ADDRESS

TOWN POSTCODE

TEL No. DAY..... TEL No. EVE

E-MAIL ADDRESS – will be used to send your entry acceptance and results.
.....

CLUB CLASS

MAKE OF CAR MODELENGINE C.C.....

MSA AUTOTEST CHAMPIONSHIP: YES/NO BTRDA CHAMPIONSHIP: YES/NO

ANWCC CHAMPIONSHIP: YES/NO

If car is shared car please give name of other driver

Please send the completed form together with a fee of £30.00 to:

Mr Robert Cook
17 Woodhall Close, Stanningley, Pudsey, LS28 7TX
Email: robert.cook17@outlook.com
Tel: 0113 257 6092 (before 9.00pm please)

Please make cheques payable to “ALWOODLEY MOTOR CLUB”, or if submitting your entry form by email, send your entry fee by Internet Banking to Alwoodley Motor Club’s Yorkshire Bank, Sort Code: 050166, Account Number: 37316208. Please ensure that you quote your name as the reference when sending your funds electronically.

The closing date for entries is **17 July 2014**

NOW PLEASE SIGN THE DECLARATION OVERLEAF!

INDEMNIFICATION

I have read the Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the Motor Sports Association Ltd. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the Motor Sports Association Ltd., such Person, Persons or Body as maybe authorised by the Motor Sports Association Ltd, to promote or organise this event and their respective Officials, Servants, Representatives and Agents together with other Competitors and their respective Servants, Representatives and Agents, from and against all actions, claims, costs, expenses and demands in respects of Death of or Injury to or Damage to the Property of myself, my Driver(s), Passenger(s), or Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

State your age and date of birth if you are under 18 years.....Date of Birth

ENTRANT’S SIGNATURE DATE

DRIVER’S SIGNATURE DATE

NEXT OF KIN DETAILS

Please provide below details of a name, address and telephone number of a relative or friend who should be informed in case of a serious accident:

NAME OF RELATIVE OR FRIEND.....

THEIR ADDRESS

THEIR TELEPHONE NUMBER ON THE DAY OF THE EVENT.....

Parent/Guardian of Driver

If the Entrant or Driver is under 18 years details must be filled in correctly by the parent/guardian of the driver.

(BLOCK CAPITALS PLEASE)

FULL NAME

ADDRESS

RELATIONSHIP TELEPHONE

SIGNATURE DATE.....