

Sevenoaks & District Motor Club
'Basil Elkington Trial' Sunday 22nd March 2015

Entry Form

Drivers Name.....

Address.....

.....

..... Post Code.....

Telephone Number Home.....Mobile.....

Email Address.....

National 'B' or Clubman's Entry?.....

Motor Club Represented.....

MSA Competition Licence Number(Nat 'B' Only).....

Do you hold a full UK RTA Licence? Yes/No

MSA Car Trials Registered Contender? Yes/No

BTRDA Car Trials Contender? Yes/No

BTRDA Allrounders Contender? Yes/No

ASEMC Championship Contender? Yes/No

Passengers Name.....

Vehicle details

Vehicle Make.....Model.....CC.....

Colour.....Class.....

Is the vehicle fitted with a torque biasing differential or any other form of traction control as catalogued for that car.....Yes/No.

Please send this completed entry form, (not forgetting to sign the declaration of indemnity below) with payment made payable to 'Sevenoaks and District Motor Club' to: Chris Judge 66, Olivers Mill, New Ash Green, Longfield, Kent DA3 8RF [Tel:01474 873 628](tel:01474873628) Mobile:07765 663 258 Email@judgece66@aol.com

The meeting will be held under the General regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA), these supplementary regulations and any written instructions the club may issue for the event.

Declaration of Indemnity

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 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 the risk. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence. Any indemnity and/or declaration as prescribed by the paragraphs above which is signed by a person under 18 years of age shall be countersigned by that person's parent or guardian whose full name and address must be given below.

Drivers Signature.....
Age (if under 18).....

Date.....

Countersignature.....
Name/Relationship.....
Address.....
.....
.....Post Code.....

Passengers Signature.....Age (if under 18).....
The above constitutes a letter of consent.

In case of accident or injury, please contact.....
Relationship.....Tel No.....