



ENTRY FORM

Wolverhampton and South Staffs Car Club Limited Gaby Mohr Memorial Car Trial Sunday 13th September 2015

This event is 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.

A separate form must be submitted for each entry.

	Entrant	Driver	Passenger
Full name			
Address (Line 1) (Line 2)			
Post code			
Telephone (day)			
Telephone (eve)			
Email address			
Club			
MSA Licence no.			XXXXXXXX

Event entered*: National B Clubmans

Class entered*: Class 1; Class 2; Class 3; Class 6. Class 8.
Class A; Class B; Class C.

Championships Entered*: MSA; BTRDA-CT; BTRDA-ALLROUNDERS;
CMSGCC-CT; AWMMC; ANWCC; WSSCC-COMP CHAMP.

Vehicle Details : Make: Model: CC: Reg. No:
Overall length (classes 1&2 only):

Tyres (Front) : Make: Type: Size:
(Rear) : Make: Type: Size:

Are gearbox and final drive ratios standard for this vehicle:* Yes / No (classes 1 to 4 only).

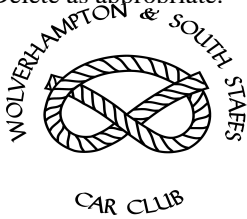
Does the car vehicle have a torque biasing
differential or any other form of traction control*: Yes/No.

Signature:

Date:

Please sign the indemnities overleaf as appropriate, and send this form with fee to the Entries Secretary (see Para. 12 of ASR's).

*Delete as appropriate.



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Wolverhampton & South Staffs Car Club Limited
The Gaby Mohr Memorial PCT
Sunday 13th September 2015

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 that I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk.

	ENTRANT	DRIVER	PASSENGER
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Signature _____ :

Date _____ :

State age (if under 18) _____ :

Any competitor under 18 must submit the following declaration made by their parent or guardian, whose full name and address must be given below.

Declaration of Parent or Guardian

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. 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.

	For Entrant	For Driver	For Passenger
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Signature _____ :

Name _____ :

Relationship _____ :

Address _____ :

_____ :

_____ :

In all cases please give the name, telephone number and address of a relative or friend to be contacted in case of illness or accident.

	For Entrant	For Driver	For Passenger
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Name _____ :

Telephone No. _____ :

Address _____ :

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