

DAVID AYERS TRIAL – 20TH SEPTEMBER 2015

ENTRY FORM

Driver's Full Name Tel No.

Address

.....

Email.....

Passenger's Full Name & Address

.....

.....

.....

Comp Lic No. BTRDA / ASWMC Champ Reg No.....

I am a member of Motor Club

Vehicle CC Have you won a trials award before? YES / NO

Class Entered:..... (1 / 2 / 3 /

4)

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

I hereby enclose Entry Fee as detailed in the Supplementary Regulations (please note that no entry can be accepted unless accompanied by the appropriate fee).

All entries must be sent to:

Mrs P Gomm, New Haven, Darkey Lane, Lifton, Devon, PL16 0DY

'Phone 01566 784348

Email gommfamily@btinternet.com

Entry Fees: £30.00

Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd.

Please read and sign the Declaration overleaf

Declaration of Indemnity

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. 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.

Driver’s Signature Age(over 17 if applicable)

Passenger Sign Date

Parent / Guardian / Guarantor Declaration

I confirm that I have acquainted myself with the MSA general regulations, agree to pay any approximate 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 regulation (any any subsequent alteration thereof) further, I agree to pay as liquidated damages any fines imposed upon me up to the maximum set out in Part 3 Appendix 1.

I understand that I 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.

If an entrant is under eighteen years of age, this form must be counter signed by a parent / guardian whose full name and address must be given below:

Parent/Guardian/Signature

Name Relationship to entrant

Address

NOTE: Where the parent/guardian/guarantor is not present there must be a representative who must produce written and signed authorisation to so act from Parent/Guardian/Guarantor as appropriate.

Name of Relative/Friend in case of accident

Address

Emergency contact number

Launceston & North Cornwall Motor Club