COTSWOLD MOTOR SPORT GROUP COMPETITORS CLUB

Autumn RosSolo

19th September 2010

DRIVER (First & Last name)	ENTRANT (if different)
Address	Address
Post Code	Post Code
Telephone	How would you like your Final Instructions sent?
E-mail.	Email Fax Post
Club	(Fax No) (Circle your required method)
Are you registered for the:-	NEXT OF KIN
Cotswold Championship Yes / No	Name
BTRDA AutoSolo Challenge Yes / No	Relationship Tel
<u>VEHICLE</u> Make and Model.	
Registration c.c. Year	
<u>CLASS</u> LADY?	
<u>DECLARATION:</u> I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and 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 the type of 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.	
My age is(if applicable, state 'over 17 years')	
DRIVER'S SIGNATURE	
Please Note:- If Entrant or Driver is under 18 years of age, the following MUST be completed by that person's Parent or Guardian. They must please read D13.1.1, and either endorse the signing on form on the day, or a letter stating event, date, permission etc (basically showing that the Parent/Guardian/Guarantor knows what is happening) must be produced. I declare that I am the Parent/Guardian/Guarantor of the Entrant/Driver	
DateAddress	
Telephone	