

2010 MSA British Rallycross Championship 2010 BTRDA Clubmans Rallycross Championship 2010 MDA Rallycross Championship



PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

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

SECTION 1 – DRIVER DETAILS

Driver Name												
Driver Address												
Licence Grade			L	icenco	e No			AS	5N			
Date of Birth		Mem No				Home Town						
Phone: Home												
	Work Mobile											
Email Address Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team												
		the below any pres	Scribed are	153 01	contantio			enotineu				
SECTION 2 – VE	HICLE D	DETAILS										
	-			Ma	ke of Car							
Car Number				IVIG						л г		
	•••			Тур	e/Mode					сс		
Transponder N	0			lass				Fo	orced Induc	tion?		
Sponsor Detail												
SECTION 3 – EV	'ENT DE	TAILS										_
			Entry Fee	е Г	MSA	Swift	RX150		BTRDA/MD	4		
Sunday/Monday A	-	Lydden Hill	£195					£18			nit	
Sunday April		Knockhill	£195					£18			rst time Competing at this circuit	
Saturday June 12		Blyton	£195	Enter				£18	5		at thi	
Sunday July		Maasmechelen (B) Mallory Park	£FOC	o En	0 E				F		eting	
Sunday Augu Monday Augu		Lydden Hill	£195 £195	Tick to				£18 £18	-	_	ompe	
Sunday Septem		Mallory Park	£195	Ξ.				£18	-		me C	
Sunday Octob		Pembrey	£195					£18				
			Total					Tota	al		Ξ	
1: I declare that I have b agree to be bound by the type of the competition a standard of competence course and the speeds w to affect prejudicially my licence which permits me out under the Supplement myself with the MSA Gen to be bound by those Re agree to pay as liquidate	em. I declare and the poter necessary f which will be normal cont e to do so. 4 ntary Regula neral Regula ggulations ar	e that I am physically an ntial risk inherent with m for an event of the type reached 3: I understand trol of my vehicle, I may 1: If I am the Parent/Gua ations issued for this event ations, agree to pay any nd submit myself withou	d mentally fit t totor sport and to which this e d that should 1 not take part rdian/Guarant ent and the Ge appropriate c t reserve to th	o take agree ntry rel at the t unless or of th eneral F harges e conse	part in the e to accept th lates and that time of this e I have decla e driver 'I un Regulations and fees pu equences re	vent and I a hat risk. 2: I at the vehicle event be sur- ared such di- nderstand the of the MSA ursuant to the sulting from	am competen declare that le entered is ffering from a isability to the hat I shall hav ' As the Pare nose Regulati n those Regu	t to do so. I ac to the best of i suitable and ro ny disability w ASN which h ve the right to ent/Guardian/C ions (to include	cknowledge that my belief the dri badworthy for the thether permane as, following sub be present during Guarantor 'I con e any appendic	t I understa iver(s) pos- ne event ha ent or temp ich declara ng any pro- firm that I I es thereto)	and the sess(es aving reg borary w tion, iss cedure have ac and he	nature and) the gard to the which is likely sued a being carried quainted reby agree
Driver Signatur	e							Date				
Age if Under 18	A	ny indemnity and/o 18 shall be c								-		-
Name of						-	-					
Parent/Guardian					Sig	nature o	of Parent/0	Suardian				
Full Address												
		P	lease ret	urn e	complet	ted Ent	rv form	to				

LHMC, Lydden Hill Race Circuit Wootton, Canterbury Kent, Fax (01304) 831715

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SECTION 4 – NEXT OF KIN										
	Name and Address of Relative to be Notified in the Event of a Serious Ac									
Name		Relat	ionship		Telep	hone				
Address										
SECTION 5 – ENTRA										
Please only complete this se Entrant in accordance with N		ence has been is	sued by your AS	N. If no d	letails are entered bel	ow, the 1	st Driver w	ill be nom	inated as the	
Entrant Name										
Entrants Licence No		ASN		Repr	esentative Name					
Entrant Address										
Phone: Home	ne Work M			Mo	oile					
Email Address										
1: 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 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. 2: I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached 3: I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so. 4: If I am the Parent/Guardian/Guarantor of the driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary 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										
Entrant Signature					Dat	e				
Age if Under 18					s above which is signed ardian, whose full nam			-	18 shall be	
Name of Parent/Guardi		Signature of Parent/Guardian								
Full Address										
SECTION 6 – PAYM	ENT DETAILS									
Cheques to be made pa	yable to: LHMC or alt	ernatively con	nplete Debit/0	Credit Ca	rd details below					
Card Type Debit/Cre	edit Card No									
Valid	l From		E	opiry Dat	te					
ISSUE NO (debit card only) Security Code (last 3 digits										
Name on Card				Signatur	e					
SECTION 7 – NOTES	FOR COMPLETIO	N								
	t all information is complet y form electronically, please	-	-	-	-					
Competitors are r SECTION 8 – FOR O	eminded that any entry not	t accompanied by	the correct fee i	s NOT a va	alid entry					
Date Received										
Entry Fee Paid			Date	2						
Method of Paymen	t									
Please return completed Entry form to										

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