



# 2011 MDA / BTRDA Clubmans Rallycross Championship



PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

Held under the General Regulations of The Motor Sports Association (incorporating the pr Sporting Code of the FIA) and these Supplementary Regulations

## SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Postcode

Licence Grade  Licence No  ASN

Date of Birth  Club 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

## SECTION 2 – VEHICLE DETAILS

Car Number

Make of Car

Type/Model  cc

Transponder No  Class  Forced Induction?

Super Modified  Stock Hatch  Mini Cross  Junior

Sponsor Details

## SECTION 3 – EVENT DETAILS – Entry Closing Date is 2 weeks prior to the Event, Late entries will automatically incur a £25 late entry fee

		Entry Fee	BTRDA/MDA Members	
Saturday May 7	Blyton (Night Race)	£195	Tick to Enter	First time Competing at this circuit
Sunday/Monday August 28 & 29	Lydden Hill	£195		
Sunday September 18	Knockhill	£195		
Sunday October 16	Mallory Park	£195		
<b>Total</b>				

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 issued for this event and the General Regulations of the MSA.' As the Parent/Guardian/Guarantor '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

Driver Signature  Date

Age if Under 18  Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian  Signature of Parent/Guardian

Full Address

Please return completed Entry form to  
 LHMC, Lydden Hill Race Circuit Wootton, Canterbury Kent, CT4 6RX 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 Accident

Name	<input type="text"/>	Relationship	<input type="text"/>	Telephone	<input type="text"/>
Address <input type="text"/>					

## SECTION 5 – ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1<sup>st</sup> Driver will be nominated as the Entrant in accordance with MSA Regulation [C(a)3]

Entrant Name	<input type="text"/>				
Entrants Licence No	<input type="text"/>	ASN	<input type="text"/>	Representative Name	<input type="text"/>
Entrant Address <input type="text"/>					Postcode <input type="text"/>
Phone: Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email Address <input type="text"/>					

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 issued for this event and the General Regulations of the MSA.' As the Parent/Guardian/Guarantor '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

Entrant Signature	<input type="text"/>	Date	<input type="text"/>
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Age if Under 18  Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian	<input type="text"/>	Signature of Parent/Guardian	<input type="text"/>
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Full Address	<input type="text"/>
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## SECTION 6 – PAYMENT DETAILS

Cheques to be made payable to: LHMC or alternatively complete Debit/Credit Card details below

Card Type	<input type="text" value="Debit/Credit"/>	Card No	<input type="text"/>
Valid From	<input type="text"/>	Expiry Date	<input type="text"/>
Issue No (debit card only)	<input type="text"/>	Security Code (last 3 digits on back)	<input type="text"/>
Name on Card	<input type="text"/>	Signature	<input type="text"/>

## SECTION 7 – NOTES FOR COMPLETION

- Please ensure that all information is completed as if you do not do so your entry will not be accepted
- If submitting entry form electronically, please indicate signature by Typing your name in the appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

## SECTION 8 – FOR OFFICE USE ONLY

Date Received	<input type="text"/>		
Entry Fee Paid	<input type="text"/>	Date	<input type="text"/>
Method of Payment	<input type="text"/>		

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