KIDDERMINSTER MOTOR CAR CLUB LIMITED THE WYRE FOREST CAR TRIAL

SUNDAY 10 JUNE 2012 ENTRY FORM

ENTRANT (Name)			(* Please	•	,
Address					
Post Code	Tel. No.	. (Home)			
MSA Licence No					
DRIVER (Name)					
Address					
Post Code	Tel. No.	(Home)			
Email					
MSA Licence No	Club Re	presented			
PASSENGER PASSENGER					
(Name)			•••••		
<u>VEHICLE</u>					
Class Entered		Make			
Model					
Exact Engine Capacity			-		
Engine Position*: Front		=			
Vehicle Type*: Sports		Saloon		Kit Car	
Wheels: Rim Diameter		Width			
		Type Size			
-		Type Size			
Diff Ratio: Is ratio standard? YES		• •			
Is the vehicle fitted with a torque bias					
Engine Rebore: Has engine been re	bored? YES	/NO* If yes s	tate overbor	e	
Modifications: List any changes from		=			
	•				
CHAMPIONSHIPS * MSA British	BTRDA	AWMMC	ANWCC	ACSMC	CMSG
EVENT *	NATIONAL 'B'		CLUBMANS		
SIGNATURE			Date		
Cheque for £28.00 (National 'B') or £15.00 (Clubmans) shall be made payable to:-					
Kidderminster Motor Car Club Limite	ed' and sent to	o the entries	secretary:-		
Mac Booth 72 Willowfield Drive Kid					

PLEASE SIGN MSA INDEMNITY OVERLEAF

CLOSING DATE - 5 JUNE 2012

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 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.

State your age if you are under 18
I declare that the details in this entry form are correct.
ENTRANTS SIGNATURE AGE IF UNDER 18
DRIVERS SIGNATURE AGE IF UNDER 18
PASSENGERS SIGNATURE AGE IF UNDER 18
Date
Note :- Any indemnity and/or declaration signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian whose full name and address shall be given.
THIS ENTRY IS MADE WITH MY CONSENT FOR ENTRANT/DRIVER/PASSENGER
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
Signature of parent or guardian
Name, Address & Relationship
PLEASE STATE BELOW THE FULL NAME, ADDRESS AND TELEPHONE NUMBER OF A
RELATIVE OR FRIEND TO BE INFORMED IN THE CASE OF SERIOUS ACCIDENT
FOR DRIVER: NAME ADDRESS TELEPHONE NUMBER
FOR PASSENGER: NAME ADDRESS TELEPHONE NUMBER