

OWEN MOTORING CLUB Ltd

ERNEST OWEN MEMORIAL CAR TRIAL - 22 September 2019

ENTRY FORM

Please complete both sides of the entry form before 17th September 2019 to:-

Tim Beard
Tranters Cottage
18 Doctors Hill
Bournheath
Worcestershire B61 9JE 01527 576123 Mobile 07810 505644

e-mail: timdbeard@tiscali.co.uk and pay on the day.

Cheques for £35.00 (National B event) or £30.00 (Clubmans event) should be made payable to 'Owen Motoring Club Ltd.'

Held under the General Regulations of Motorsport UK (MSUK), incorporating the provisions of the International Sporting Code of the FIA, and these Supplementary Regulations.

The organising Club's Privacy Notice is on our Club website. All competitors agree that, by submitting an entry, the organising Club may wish to publish your personal data as part of the organisation of the event. This data may include (but is not limited to) name, club affiliation, occupation and age category, entry lists, competition times, results, insurance, licences and safety. We may pass such information to the MSUK, national governing body and/or the FIA or any affiliated organisation.

'I declare that I have been given the opportunity to read the General Regulations of MSUK 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'.

'I declare that I hold a full RTA licence valid for the vehicle being driven on this event.'

Please state your age if you are under 18 years old.....

Signature

Date

Entrant.....

Driver.....

Passenger.....

If any of the above declarations are signed by a person under the age of 18 years, the consent of a Person with Parental Responsibility must be given.

This entry is made with my consent

Full Name.....

Relationship to Entrant/Driver.....

Address.....

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Telephone No.....Signature.....

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ENTRY FORM

National B	
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Clubmans	
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Entrant		Licence no. (Nat B only)	
Driver		Licence no. (Nat B only)	
Address			
Post code			
Telephone - Home:		Mobile	
Email address			
Club			

CHAMPIONSHIPS – PLEASE TICK

MSUK		BTRDA		BTRDA Allrounders		WAMC	
AWMMC		ANWCC		Owen		Novice	

Passenger		Licence no. (Nat B only)	
Address			
Post code			
Telephone - Home:		Mobile	
Email address			
Club			

CAR

Make	
Model	
Capacity	
Overall length	
Class entered	
Double drivers?	If so – who with:

TO BE COMPLETED BY ALL COMPETITORS

Name and address of person to be informed in the event of an emergency:

DRIVER	PASSENGER
Name	Name
Address	Address
Telephone	Telephone