



# ENTRY FORM

## Wolverhampton and South Staffs Car Club Limited Gaby Mohr Memorial Car Trial Sunday 8th September 2019

This event is held under the General Regulations of The Motorsport UK (incorporating the provisions of the international Sporting Code of the FIA) and these Supplementary Regulations.

*A separate form must be submitted for each entry.*

	<b>Entrant</b>	<b>Driver</b>	<i>Passenger</i>
Full name			
Address			
Post code			
Telephone (day)			
Telephone (eve)			
Email address			
Club			
MSA Licence no.			

<b>Event and Class</b>	<b>National B</b>	<b>Class</b>	<i>Tick one</i>
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	
		<b>8</b>	
			<i>Tick all which apply</i>
<b>Championship</b>		Motorsport UK	
		BTRDA	
		BTRDA-AR	
		CMGCCC	
		AWMMC	
		WACC	
			<i>Enter details</i>
<b>Vehicle</b>		Make	
		Model	
		Cc	
		Registration	
		Length (class 1&2 only)	
		Standard gearbox & Final drive ratios (class 1,2,3 only)? Yes or No?	
		Torque biasing diff or other traction control? Yes or No?	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please sign the indemnities overleaf as appropriate, and send your entry with fee to the Entries Secretary (Para. 12 of ASRs).



## The Gaby Mohr Memorial Car Trial Sunday 8th September 2019

### Indemnity

I declare that I have been given the opportunity to read the General Regulations of the Motorsport UK 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 that I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk.

**ENTRANT**

**DRIVER**

**PASSENGER**

Signatures \_\_\_\_\_.

Date \_\_\_\_\_.

State age (if under 18) \_\_\_\_\_.

### Declaration of Parent or Guardian (if competitor is under 18)

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. 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.

**For Entrant**

**For Driver**

**For Passenger**

Signature \_\_\_\_\_.

Name \_\_\_\_\_.

Relationship \_\_\_\_\_.

Address \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**In all cases please give the name, telephone number and address of a relative or friend to be contacted in case of illness or accident.**

**For Entrant**

**For Driver**

**For Passenger**

Name \_\_\_\_\_.

Telephone No. \_\_\_\_\_.

Address \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.