



**DAVID AYERS TRIAL – 15<sup>TH</sup> SEPTEMBER 2019**  
**ENTRY FORM**

Driver's Full Name ..... Tel No. ....

Address .....

.....

Email.....

Passenger's Full Name & Address .....

.....

Telephone No..... Email.....

Comp Licence No. ....

BTRDA Champ Reg / ASWMC Champ Reg No.....

I am a member of ..... Motor Club

Vehicle ..... CC .....

Class Entered:..... (1/2/3/4/5/6/7) .....

*"Held under the General Regulations of Motor Sport UK (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations"*

I hereby enclose Entry Fee as detailed in the Supplementary Regulations (please note that no entry can be accepted unless accompanied by the appropriate fee).

All entries must be sent to:

**Mrs P Gomm, New Haven, Darkey Lane, Lifton, Devon, PL16 0DY**

Phone 01566 784348

Email [gommfamily@btinternet.com](mailto:gommfamily@btinternet.com)

Entry Fees: £36.00 (Clubman Class £33.00)

Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd.

Please read and sign the Declaration overleaf

I hereby consent to the Club retaining my data for internal administration purposes (full privacy policy is set up on website)

Please tick box

**Declaration of Indemnity**

I have been given the opportunity to read the General Regulations of the Motor Sport 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 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.

Driver’s Signature ..... Age .....(over 17 if applicable)

Passenger Sign ..... Date .....

**Note: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor.**

**Please complete below if driver or passenger is under 18 year**

As the Parent/Guardian of the driver/passenger, I understand that I shall have the right to be present during any procedures being carried out under the Supplementary Regulations issued for this event and the General Regulations of Motor Sport UK.

As the Parent/Guardian, I confirm that I have acquainted myself with the Motor Sport UK general regulations, agree to pay any approximate charges and fees pursuant to those regulations and hereby agree to be bound by those regulations and submit myself without reserve to the consequences resulting from those regulation. Further, I agree to pay as liquidated damages any fines imposed upon me up to the maximum set out in Part 3 Appendix 1.

THIS ENTRY IS MADE WITH MY CONSENT.

Name of PARENT or GUARDIAN of DRIVER or PASSENGER \*

.....

Address .....

..... Postcode: .....

\* Delete as appropriate

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Name of Relative/Friend in case of accident .....

Driver .....

Emergency contact number .....

Passenger .....

Emergency contact number .....

Signature of Parent or Guardian.....