PETERBOROUGH MOTOR CLUB LTD. THE CHARLES POLLARD TRIAL.

SUNDAY29th SEPTEMBER 2019 ENTRY FORM

M.S.A. Permit number TBA.

Name	Club	
Address	BTRDA Member ?	
Postcode		
Telephone, Home		
Work		
E-mail address	MSA/Club license	e no
Passenger	al I	
Name		
Address	CECTIONS	LETE ALL
Postcode		
Car Type	Capacity	c.c.
Held under the General Regulations of the British Motor the International Sporting Code of the FIA) hereafter referr I have read the supplementary regulations for this event Regulations of the MSA. In consideration of the acceptant this event, I agree to save harmless and keep indemnified the MSA to promote or organise this event and their respective.	ted to as the MSA. t and agree to be bound by them accessed of this entry or of my being permited MSA, such persons or body as metrive officials, servants, representative	and by the General nitted to take part in any be authorized by ves and agents from
and against all actions, claims, costs, expenses and dema caused arising out of or in connection with this entry or m same way have been contributed to or occasioned by the representatives or agents.	ands in respect of death or injury to my taking part in this event, and notwo	myself howsoever withstanding that the
Furthermore, in respect of any parts of this event on ground agreement shall in addition to the parties named above extrand agents and to all actions, claims, cost, expenses and property of myself, my driver(s), passenger(s) or mechanic I declare that my car is fitted with a free and uninterrupted	tend to all and any other competitors demands in respect of loss or dama (s).	s) and their servants age to the person or
My age is(i	if applicable, state over 17	years')
I enclose remittance of £35-00 (NAT B).	or £25-00 (CLUBMANS)	
Driver's signature	Age if under 18	
Passenger's signaturePTO.	Age if under 18	

Are you Double Driving this car?
If yes, with whom?

Please complete below if driver or passenger is under 18 years.
The M.S.A. requires that a driver or passenger under 18 years old must have a
parent or guardian with them at signing on on the day of the event, who must sign
the declaration of liabilities.
Name of PARENT or GUARDIAN of DRIVER or PASSENGER *
Address
Postcode
* Delete as appropriate.
Defect us appropriate.
Signature of Parent or Guardian

EMERGENCY CONTACT: Driver, please contact
On
——————————————————————————————————————
Passenger, please
contact
On
Please return form to
Lynn Jones
20 Pingle Lane
Northborough
Peterborough PE6 9BW
Phone 01733 252886
07854535594 (mobile)
e-mail jones.e.lvnn@gmail.com

Closing date for receipt of entries is Wednesday 25th September