Owen Motoring Club

ERNEST OWEN MEMORIAL CAR TRIAL - 7 April 2024

ENTRY FORM

Please complete both pages of the entry form and email before 17:00 on Monday 1 April 2024 to:-

Tim Beard: timdbeard@tiscali.co.uk with the entry fee being paid as directed in the Supplementary Regulations.

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 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.....

<u>Signature</u>	<u>Date</u>
Entrant	
Driver	
Passenger	
If any of the above declarations are signed by a perswith Parental Responsibility must be given.	son under the age of 18 years, the consent of a Person
This entry is made with my consent	
Full Name	
Relationship to Entrant/Driver	
Address	
Telephone NoSignature	

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ENTRANT	-			Lice	nce no.				
DRIVER		Licence no.							
Address									
Post code									
Telephone - Home: Mobile									
Email address									
Club									
CHAMPIONSHIPS (please indicate Y/N)									
MSUK		BTRDA	-				С		
ANWCC		Cotswold		Novice		_	<u> </u>		
		•							
PASSENG Name	PER								
Telephone	a - Mobile								
relephon	e - MODIIC	-							
Email add	lress								
Club									
CAR									
Make									
Model									
Capacity									
Overall le	ngth								
	Class entered S A B C D (delete as appropriate)								
Tyre pres	sure PSI								
Dual drivi	ng with:								
TO BE COMPLETED BY ALL COMPETITORS									
Name and address of person to be informed in the event of an emergency:									
DRIVER				DASSE	NCED				
Name			Name	PASSENGER Name					
Address			Addres	Address					
Telephone	e			Teleph	one				