

P.K Memorial 2010 Entry Form

BLOCK CAPITALS THROUGHOUT PLEASE

All correspondence to Driver / Navigator Please Delete

DRIVER

NAME.....
Address.....
.....
.....
Club.....
Comp. License No.
Tel. No.
Email@.....

NAVIGATOR

NAME.....
Address.....
.....
.....
Club.....
Comp. License No.
Tel. No.
Email@.....

VEHICLE DETAILS

Make
Capacity
Class

Model
Reg. No.
Colour

CHAMPIONSHIPS

Driver ANWCC Y/N Reg No.....

Nav. ANWCC Y/N Reg No.....

Driver WAMC Y/N Reg No.....

Nav. WAMC Y/N Reg No.....

Driver AWMMC Y/N Reg No.....

Nav. AWMMC Y/N Reg No.....

Driver WBCC Y/N Reg No.....

Nav. WBCC Y/N Reg No.....

Driver TVMC Y/N Reg No.....

Nav. TVMC Y/N Reg No.....

INSURANCE

Own Insurance / Event Insurance Please delete

SEE SEPARATE FORM FOR DETAILS

If arranging your own Insurance Cover, Please give details

Name of Insurance Company

AddressPolicy/Cover Note No.....

If a competitor arranges his own third party cover, he/she will be required to supply the policy number and the name and address of his/hers insurers on the entry form. He must also supply proof of cover at signing on.

Please complete this entry form giving all details required as well as signing the declaration. It should be returned with the correct remittance to the Entries Secretary: -

Mr. Geraint Richards,

ANNEDD WEN, LLANDRILLO, CORWEN, DENBIGHSHIRE. LL21 0TH

Your details will be stored on a computer to generate entry lists and labels for mailing purposes and will only be used with regard to this event. Please contact the Entries Sec if you object.

DECLARATION 2010

I have read the Supplementary Regulations for this event and agree to be bound by them and by the General Regulations of the Motor Sports Association. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the Motor Sports Association, such person, persons or body as may be authorised by the Motor Sport Association to promote or organise this event and their respective officials, servants, representatives and agents together with other competitors and their respective servants, representatives and agents, from and against all actions, claims, costs, expenses and demands in respect of death of a injury to or damage to the property of myself, my driver(s), passenger(s), mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

My age is (if applicable state over 17 years)

I declare that the use of the vehicle hereby entered will be covered by Insurance as required by the Law which is valid for such part of this event as shall take place on roads as defined by the Law. I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Regulations of the Motor Sports Association.

ENTRANT

DRIVER

NAVIGATOR

Sig.
Date

Sig.
Date

Sig.
Date

Next of Kin
Contact No.

Next of Kin
Contact No.

If entrant, driver, or navigator is under 18, the declaration must be countersigned by their parent or guardian.

Name
Sig.
Relationship

Name
Sig.
Relationship

Name
Sig.
Relationship

FEES

ENTRY FEE (inc. 2 breakfast ticket)	£99.00
INSURANCE FEE	<u>£26.00</u>

TOTAL

Cheques to be made payable to 'Bala & District Motor Club Ltd'

SEEDING INFORMATION

Please give accurate information of your previous results: -

DATE	EVENT	POSITION O/A
.....
.....
.....
.....

MARSHAL'S DETAILS (ASR12) Chief Marshal Brian Roberts(01490 420626 / 07811092135)

Name
Address
.....
.....