

Gareth Hall Winter Challenge Entry Form

BLOCK CAPITALS THROUGHOUT PLEASE

DRIVER

Name

Address

.....

.....

Club

Comp. Licence No.

Tel. No.

NAVIGATOR

Name

Address

.....

.....

Club

Comp. Licence No.....

Tel. No.

VEHICLE DETAILS

Make

Model

Capacity

Reg. No.....

Class

Colour (s).....

CHAMPIONSHIPS

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

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

INSURANCE

SEE SEPARATE FORM FOR DETAILS

If arranging your own Insurance cover please give details

Name of Insurance Company:.....

Address

..... Policy/Cover Note No

If a competitor arranges his own third party cover, he will be required to supply the policy number and the name and address of his insurers on the entry form. He must also supply proof of cover at signing on in accordance with K6.1.4b

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

**GERAINT RICHARDS,
ANNEDD WEN, LLANDRILLO, CORWEN, DENBIGHSHIRE LL21 0TH**

If you do not wish details to be included on computer for mailing purposes please tick this box

DECLARATION

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 or 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.	Sig.	Sig.
Date	Date	Date
	Next of Kin	Next of Kin

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

Name	Name	Name
Sig.	Sig.	Sig.
Relationship	Relationship	Relationship

FEES

Entry Fees (inc. 2 breakfast tickets)	£80.00
Insurance Fee	£26.00

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
.....		
.....		
.....		
.....		

MARSHALL'S DETAILS (ASR 12)

Name

Address