

NOVEMBER AUTOTEST 2009

ENTRY FORM

(BLOCK CAPITALS PLEASE)

ENTRANT/Sponsor.....

DRIVER

ADDRESS.....

TOWN POSTCODE

TEL No..... E MAIL ADDRESS.....

MAKE OF CARMODEL

.ENGINE C.C.....CLASS.....

CLUB.....

Please send the completed form together with a fee of £10.00 to:
Robert Newlove, Nans Cottage, Orchard Lane, Hutton , Driffield. YO25 9PZ 01377 270888

NOW PLEASE SIGN THE DECLARATION OVERLEAF!

INDEMNIFICATION

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 Ltd. 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 Ltd., such Person, Persons or Body as maybe authorised by the Motor Sports Association Ltd, 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 respects of Death of or Injury to or Damage to the Property of myself, my Driver(s), Passenger(s), or Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

State your age if you are under 18 years

ENTRANT'S SIGNATURE

DATE

DRIVER'S SIGNATURE

DATE

Parent/Guardian of Driver

If the Entrant or Driver is under 18 years details must be filled in correctly by the parent/guardian of the driver.

(BLOCK CAPITALS PLEASE)

FULL NAME

ADDRESS

.....

RELATIONSHIP TELEPHONE.....

SIGNATURE DATE.....

NEXT OF KIN DETAILS – THIS MUST BE COMPLETED

In the event of an accident, please inform the following person:

NAME.....

ADDRESS.....

TELEPHONE NUMBER ON THE DAY OF THE EVENT