

The Red Kite Stages – Sunday 18th April 2010

ENTRY FORM

PROMOTED BY AMMAN & DISTRICT MOTOR CLUB Ltd.

Ref.No.

Start No.

ENTRANT

Name:	Competition Licence Number:
Address:	
Post Code:	Telephone Number:

DRIVER

CO-DRIVER

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Tel.No:	Tel.No:
Motor Club:	Motor Club:
Comp.Licence No:	Comp.Licence No:
Email Address:	Email Address:
CORRESPONDENCE TO (tick box)	Entrant: <input type="checkbox"/> Driver: <input type="checkbox"/> Co-Driver: <input type="checkbox"/>

CAR DETAILS

Make/Model:	Exact Cubic Capacity (c.c.):
Turbo: Yes / No	Four Wheel Drive: Yes / No
Colour(s):	Registration Number:
Class Entered (please circle):	1 2 3 4 5 6 7

CHAMPIONSHIPS

	Driver	Reg No.	Co-Driver	Reg No.
WAMC Clubman's Ch'ship	Yes/No		Yes/No	
ANWCC Championship	Yes/No		Yes/No	
ASWMC Championship	Yes/No		Yes/No	

SCRUTINEERING

Preferred Time:	1400	1430	1500	1530	1600	1630	1700	1730	1800		
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SEEDING INFORMATION

Enter below details of the **3** best results achieved by the driver **ONLY** (as a driver) since 1st January 2005. This information will be checked! Entrants found to provide false seeding information may forfeit their entry fee and have their entry refused.

Year	Event	Type * (F/M/T/SV)	Status ** (I/NA/NB/C)	Position		Org Use
				O/A	Class	

Type * : F= All Forest, M = Mixed Surface, T = Tarmac, S = Single Venue,
Status ** : I =International, NA = National A, NB = National B, C = Clubman

INSURANCE

Will you be using the Lockton Motor Risks Service (third party road insurance)?	Yes / No	Do you require a proposal form?	Yes / No
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If you have your own insurance cover for the event, please provide the following information:

Name of Insurer:
Address:
Policy No:

ENTRY FEE DETAILS

Entry Fee:	£399.00	£
Lockton Insurance Premium:	£27.30 plus any loading	£
Advance Roadbook	£6.00 postage	£
Amman & DMC Ltd Membership: if required (see Article 4)	£7.00 per person	£
Management Pack (only one per entry)	£20.00	£
Total Remittance: (Cheques payable to Red Kite Stages Rally.)	Total	£

This entry form must be completed in every respect **INCLUDING** signing the declaration below and sent with the correct fee to: **Jayne Morgan, 33 Gellideg, Pontardawe, Swansea, SA8 4LX.**

Information provided on this Form will be stored on a computer and may be used for organisation and publicity purposes.

INDEMNIFICATION

'Held under the General Regulations of The Motor Sports Association Ltd (incorporating the provisions of the International Sporting Code of the F.I.A.) and the Supplementary Regulations.'

'I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.' (D13.1)
State your age if you are under 18. Age.....

I declare that the use of the vehicle hereby entered is covered by insurance as required by law which is valid for such part of this event as shall take place on roads defined by law.

'I understand that should I at the time of this event, be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have described such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.'

	ENTRANT	DRIVER	CO-DRIVER
Signature:			
Age (if under 18 years):			
Any indemnity and/or declaration signed by a person under the age of 18 must be countersigned by their parent or guardian, whose full name and address must be stated below. This entry is made with my consent.			
Signature:			
Full Name:			
Address:			

PERSON TO BE INFORMED IN CASE OF SERIOUS ACCIDENT

FOR DRIVER			FOR CO-DRIVER		
Name:			Name:		
Address:			Address:		
Tel No:			Tel No :		
On Event :			On Event :		
Yes No			Yes No		

FOR OFFICIAL USE ONLY

Date Received	Date Acknowledged	Amount Paid	Amount Owed	JM / GT / DM
		£ Chq /	£	
Cheque Payee:				Date W / D: