

Amman & District Motor Club LTD

Rali Mynydd Du 2017 Entry Form

BLOCK CAPITALS THROUGHOUT PLEASE

All correspondence to Driver / Navigator Please Delete as necessary

DRIVER

NAVIGATOR

NAME.....

NAME.....

Address.....

Address.....

.....

.....

.....

.....

Club.....

Club.....

Comp. Licence No.

Comp. Licence No.

Tel. No.

Tel. No.

Email

Email

VEHICLE DETAILS

Make Model

Capacity Reg. No.

Class Colour

Correspondence by e-mail Yes / No (Delete as applicable, where no e-mail address is given documentation will be posted to the navigator)

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

Address Policy/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/her insurers on the entry form. He/She 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 Gareth Davies

31 Hillside Park, Clydach, Swansea. SA6 5DX

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 2017

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 and accept the risk.

State your age if you are under 18.....

I agree that to the best of my belief the driver(s) possess(es)the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

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.

If I am the parent or guardian of the driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary

Regulations issued for this event and the General Regulations of the MSA' As the parent / guardian 'I confirm that I have acquainted myself and the minor with the MSA General Regulations, and agree to pay any appropriate charges and fees pursuant to those Regulations (to include appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof).Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1'. Note; Where the parent is not present there must be a guardian who must produce a written and signed authorisation from the parent / guardian to act as their representative.

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 declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.

ENTRANT	DRIVER	NAVIGATOR
Sig.	Sig.	Sig.
Date	Date	Date
	Next of Kin	Next of Kin
	Contact No.	Contact No.

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 FEE (inc. 2 breakfast tickets) £95.00

Insurance £16.00 Standard Premium (If required) £

Club Membership £10.00 (If required) £

TOTAL

Cheques to be made payable to 'Amman & District Motor Club LTD

SEEDING INFORMATION

Please give accurate information of your previous results: -

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

MARSHALS DETAILS

Name

Address