

Buckley's Crane Hire
Winter Challenge

January 21st/22nd 2012

Entry Form

Please Write In Block Capitals

Reference Number

Start Number

ENTRANT

NAME	Entrant Licence No.
ADDRESS	
POSTCODE	TELEPHONE NUMBER

DRIVER

NAVIGATOR

NAME	NAME
D.O.B (if Under 18)	D.O.B (if Under 18)
ADDRESS	ADDRESS
POSTCODE	POSTCODE
HOME PHONE NUMBER	HOME PHONE NUMBER
MOBILE PHONE NUMBER	MOBILE PHONE NUMBER
EMAIL ADDRESS	EMAIL ADDRESS
MOTOR CLUB	MOTOR CLUB
MSA LICENSE NUMBER	MSA LICENSE NUMBER

E-MAIL CORRESPONDENCE TO

EMAIL ADD

VEHICLE DETAILS

REGISTRATION NUMBER	COLOUR
MAKE/MODEL	CLASS ENTERED
ENGINE CC	

SEEDING INFORMATION Enter below details of the best results from 2011. This information will be checked

EVENT	STATUS	OVERALL	CLASS	START NO

INSURANCE

I will be using the Lockton scheme	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	POLICY NUMBER
ADDRESS	

ENTRY FEES

ENTRY FEE	£80.00	£
LOCTON INSURANCE	£29.00 normal rate plus any loadings	£
CAR CLUB MEMBERSHIP	£15 each	£
TOTAL REMITTANCE	Cheques made payable to NORTH WALES CAR CLUB LTD	£

Send completed entry form, plus cheque, to the Entries Secretary

Paula Coulson

Dyffryn, Glan Yr Afon, Dwygyfylchi, Conwy. LL34 6UD

E-Mail paulalcoulson@yahoo.co.uk

Tel: 01492 622270 (before 9pm Please)

INDEMNIFICATION

'Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and these 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.'

'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 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.'

FOR ENTRANT	FOR DRIVER	FOR NAVIGATOR
SIGNATURE	SIGNATURE	SIGNATURE
Age (if under 18)	Age (if under 18)	Age (if under 18)

Any indemnity and/or declaration signed by a person under the age of 18 must be countersigned by their parent, Guardian or Guarantor, whose full name and address must be stated below. I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for the event and the General Regulations of the MSA. I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any 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 Section Z. Where the Parent, Guardian or Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent, Guardian or Guarantor as appropriate.

FOR ENTRANT	FOR DRIVER	FOR NAVIGATOR
Signature	Signature	Signature
Full Name	Full Name	Full Name
Address	Address	Address
Relationship	Relationship	Relationship

PERSON TO BE INFORMED IN CASE OF SERIOUS ACCIDENT

FOR DRIVER/ Relationship	FOR NAVIGATOR/ Relationship
Name	Name
Address	Address
Telephone no	Telephone no
If on Event Mobile no	If on Event Mobile no

MARSHALS DETAILS

NAME	
ADDRESS	
TELEPHONE NO	
MOBILE NO	
Previous Experience TIME CONTROL / PASSAGE CONTROL / OTHER	WILLING TO DO TWO CONTROLS YES / NO

It is a condition of entry that each crew MUST supply a marshal, this will be strictly adhered to.

A nominated marshal and contact number must be named on the entry form indicating previous experience.

FOR OFFICIAL USE ONLY

Date	Acknowledged	Amount Paid	Cash/Cheque	Oweing	Entry	Insurance	NWCC Driver	NWCC navigator
		£		£	£	£	£	£
Cheque Payee :								