



MUTLEY MAYHEM SPRINT

SUNDAY 1st OCTOBER 2017

Please PRINT clearly and use Block Capitals

DRIVERS DETAILS

NAME:

ADDRESS:

POSTCODE:

TEL NO:

E-MAIL:

ASWMC CHAMPIONSHIP REG NO:

MSA LICENCE NO:

CLUB:

EMERGENCY CONTACT:

TELEPHONE NUMBER:

CAR DETAILS

MAKE:

MODEL:

CC:

REGISTRATION NUMBER:

COLOUR:

CLASS:

FORCED INDUCTION: YES / NO

PUMP FUEL YES / NO

DOUBLE DRIVEN YES / NO NAME OF SECOND DRIVER:

PAYMENT DETAILS

ENTRY FEE

£85.00

B&DCC MEMBERSHIP - IF REQUIRED

£20.50

TOTAL

£

PLEASE MAKE CHEQUES PAYABLE TO 'BOURNEMOUTH & DISTRICT CAR CLUB'

CARD DETAILS

CARD TYPE: VISA/MASTERCARD/SWITCH/VISA DEBIT Please delete as appropriate

CARD NUMBER:

START DATE:

END DATE:

LAST 3 DIGITS OF SECURITY CODE:

NAME ON CARD:

ISSUE NUMBER:

STATEMENT ADDRESS:

PLEASE SIGN FORM ON REVERSE SIDE



DECLARATION OF INDEMNITY

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 competition and the potential risk with motor sport and agree to accept this 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 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 the vehicle, I may not take part unless I have declared such disability to the ASN who has, following such declaration, issued a licence which permits me to do so.

I also declare that the information given on this entry form is a true record and I enclose the appropriate entry fee in accordance with the Supplementary Regulations.

Signed.....Date.....

If the Driver is under the age of 18 years, then this form MUST be counter-signed by a Parent or Guardian.

Signature of Parent/Guardian.....Date.....

When complete please send the form and correct entry fee to:

**Aaron Booth
32 Cornelia Road
Bournemouth
Dorset
BH10 4FG**

**Tel : 01202 530268
Mob : 07974 557245**

FOR OFFICIAL USE ONLY:

DATE REC:		AMOUNT REC:		CHQ BANKED		DATE CARD PAYMENT TAKEN:	
DATE ACK:		POST/EMAIL		O/S INFO	YES/NO	IF YES DATE REQUIRED BY	
REF NO:			MSHIP REQ:	YES/NO	CARDS ISS:		NOS: