



VALENTINE SLALOM 11TH FEBRUARY 2018



Please PRINT clearly and use Block Capitals

DRIVERS DETAILS	
NAME:	
ADDRESS:	
POSTCODE	
TEL NO:	
E-MAIL:	
CLUB:	
NOVICE / EXPERT	UNDER 23 YES / NO
EMERGENCY CONTACT:	
TELEPHONE NUMBER:	
CAR DETAILS	
MAKE:	MODEL:
CC:	REGISTRATION NUMBER:
COLOUR:	CLASS:
DOUBLE DRIVEN YES/NO NAME OF SECOND DRIVER:	
PAYMENT DETAILS	
ENTRY FEE	£20.00
UNDER 23 ENTRY FEE	£5:00
CLUB MEMBERSHIP - IF REQUIRED: B&DCC/WMC	£15
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:	
ISSUE NUMBER:	LAST 3 DIGITS OF SECURITY CODE:
START DATE:	END DATE:
NAME ON CARD:	
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:

**Sylvia Candy
74 Howe Lane
Verwood
Dorset
BH31 6JF**

PLEASE GIVE DETAILS OF ANY TOW/SUPPORT VEHICLES AND NAMES AND ADDRESSES OF PASSENGERS BELOW.