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| **CAR DETAILS** |
| Make: Model: |
| Cc: Registration Number: |
| Colour: Class: |
| Double Driven? YES/NO Name second driver: |

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| **DRIVERS DETAILS** |
| Name: |
| Address: |
|  |
|  |
| Post Code |
| Email Address: |
| Tel No: |
| Club: Novice/Expert/U25/Lady |
| Emergency Contact: |
| Emergency Contact Telephone Number: |
|  |
| **TOW CAR & PASSENGER DETAILS** |
| Tow Car Make / Reg No: |
| Passenger Name & Address: |
| Passenger Name & Address: |
|  |
| **PAYMENT DETAILS** |
| Entry Fee: £35.00 (£40.00 after Monday 13th May 2019) |
| B&DCC Membership: £15.50 (if required) |
| Day Membership: £5.00 |
| Total: £ |
| Please make cheques payable to Bournemouth & District Car Club Ltd |

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| **CARD DETAILS** |
| Card Type: Visa Debit/Mastercard/Visa (please delete as appropriate) |
| Card Number: Exp Date: CCV: |
| Name on Card: |
| Statement address: |

Declaration of Indemnity:

I declare that I have been given the opportunity to read the General Regulations of Motorsports UK 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**

Email: [**scan1890@gmail.com**](mailto:scan1890@gmail.com) **Tel: 07742 717730**