BOURNEMOUTH & DISTRICT CAR CLUB



CAR DETAILS

Make:

THE OPENER SLALOM Sunday 8th December 2019



Please print clearly and use block capitals

Model:

O = 1	Described to a NL select	
Cc:	Registration Number:	
Colour:	Class:	
Double Driven? YES/NO	Name second driver:	
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:	£25.00 (£30.00 after 2 nd December 2019)	
Entry Fee: U21	£15.00	
B&DCC Membership	£15.50 (if required)	
Total:	£	
Please make cheques payable to Bournemouth & District Car Club		
CARD DETAILS		
Card Type: Visa Debit/Mastercard/Visa (please delete as appropriate)		
Card Number:	Exp Date: CCV:	
Name on Card:		
Statement address:		
BACS PAYMENT DETAILS (drivers name as reference)		
Account Number: 03026022 Sort Code: 30-96-73		

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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
	ars, then this form MUST be counter-signed
by a Parent or Guardian. Signature of	
•	Date

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

Cheryl Evans
20 Burnbake Road
Verwood
Dorset
BH31 6ET

Tel: 07802 675762 Email: clive.cbevans@btinternet.com