BOURNEMOUTH & DISTRICT CAR CLUB



VALENTINE SLALOM Sunday 9th February 2020



Please print clearly and use block capitals

DRIVERS DETAILS		
Name:		
Address:		
Post Code:		
Email Address:		
Tel No:		
Club:		
RS Clubman / Competition Licence No:		
Novice/Expert/U25/Lady (Please circle)		
Emergency Contact:		
Emergency Contact Telephone Number:		
CAR DETAILS		
Make:	Model:	
Cc:	Registration Number:	
Colour:	Class:	
Double Driven? YES/NO	Name second driver:	
TOWARD & DACCENICED DETAILS		
TOW CAR & PASSENGER DETAILS		
Tow Car Make/ Reg' No:		
Passenger Name & Address:		
Passenger Name & Address:		
PAYMENT DETAILS	(20,00,1025,00, offer 2rd February 2020)	
Entry Fee:	£30.00 (£35.00 after 3 rd February 2020) £20.00	
Entry Fee: U21		
B&DCC Membership Total:	£15.50 (if required)	
	o Bournemouth & District Car Club	
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CARD DETAILS Card Type: Visa Debit/Mastercar	d/Visa (plagra dalata as appropriata)	
Card Number:	d/Visa (please delete as appropriate) Exp Date: CCV:	
Name on Card:	LAP DUIG. CCY.	
Statement address:		
BACS PAYMENT DETAILS (drivers name as reference)		
Account Number: 03026022 Sort Code: 30-96-73		
ACCOUNT NUMBER. USUZUUZZ SOFT COUR.	JU-JU-7 J	

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

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

Sylvia Candy
74 Howe Lane
Verwood
Dorset
BH31 6JF

Tel: 07742 193931

Email: scan1890@gmail.com