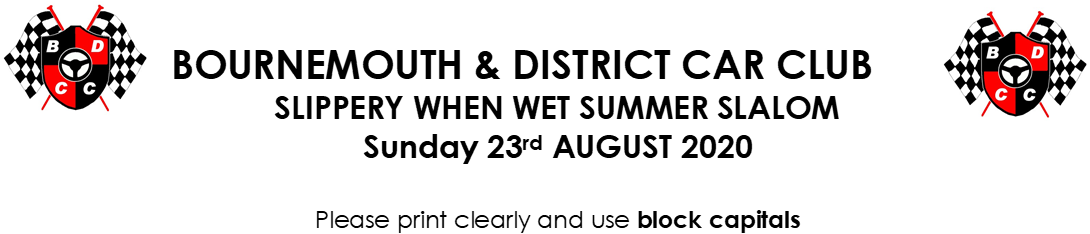


|  |  |
| --- | --- |
| **DRIVERS DETAILS** | |
| Name: |  |
| Address: |  |
|  | Post Code |
| Email Address: | |
| Telephone No. Home | Mobile |
| Emergency Contact: | |
| Emergency Contact Telephone No: |  |
| Club: | Novice / Expert / Lady / U25 |
| Double Driven: Yes / No | Name of second driver |
| Name / Tel no. of persons at the event with you, not double driving (Covid Track & Trace): | |
|  | |
|  | |
| **CAR DETAILS** | |
| Make: | Model: |
| CC: | Registration No: |
| Colour: | Class: |
|  | |
| **Tow Car / Registration No:** | |
|  | |
| **ENTRY / PAYMENT DETAILS** | |
| Entry Fee: £35.00 (£40.00 after Wednesday 12th August 2020) | |
| Entry Fee Under 21: £15.00 (£20.00 after Wednesday 12th August 2020) | |
| B&DCC Membership: £15.50 (If required) | |
| **TOTAL: £** | |
|  | |
| **Card details** | |
| Card Type: Visa Debit / Mastercard / Visa (please delete as appropriate) | |
| Name on card: | Card No: |
| Expiry date: | CCV No. |
| Card Statement address: | |
|  | |
| **Bacs payment details ( Drivers name as reference )** | |
| Account name: Bournemouth & District Car Club Ltd | |
| Account No: **03026022** | Sort code: **30-96-73** |



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........................

Name in block capitals………………………………………………..

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

**Sarah White**

**170A Somerford Road**

**Christchurch**

**Dorset**

**BH23 3QG**

Email: [**sarahbmth1983@yahoo.co.uk**](mailto:sarahbmth1983@yahoo.co.uk)

Tel: **07931 562742**