AUTO 66 CLUB ENTRY FORM

OLIVERS MOUNT CAR HILLCLIMB – 19th AUGUST 2012

Received		
HC2	E	No
	M	

Permit No: CLOSING DATE – 5h August 2012

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 the competition and the potential risk inherent with motor sport and agree to accept that risk. Further, I understand that all persons having any connection with the promotion and/or organization and/or conduct of the event are insured against loss or injury caused through their negligence.

State your age if you are under 18yrs……

I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

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 my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.

Driver's Signature…… Date ……

Licensed Entrant's Signature (if different from Driver)…… Date……

DRIVER

Christian Name……

Surname……

Address……

……

Postcode…… Tel …… ……

I am / I am not under 18 years of age (delete as appropriate)

If under 18 please state date of birth ……

Licence No ……Type ……

Name of Club ……No ……

Any indemnity and/or declaration which is signed by a person under the age of 18 years shall be countersigned by the person's parent or guardian, whose full name and address shall be given

THIS ENTRY IS MADE WITH MY CONSENT
(PARENT OR GUARDIAN OF ENTRANT OR DRIVER)

Name……(Parent/Guardian)

Address……

……

Postcode…… Tel……

Signature ……

ENTRANT (if different from Driver)

Company Name……

Address……

Address……

Postcode …… Entrant's Licence No……

CLASS ENTERED……

CAR DETAILS-: Make ……Year……..

Model …… Capacity ……..cc

Make of Engine fitted. ……

ENTRY SHARED WITH

……

ENTRY FEE £105.00

ENTRIES AFTER CLOSING DAY, IF ACCEPTED £ 10.00

CREDIT/DEBIT CARD SURCHARGE FEE £4
If you wish to pay by Credit or Debit Card please fill in the details opposite

TOTAL ENCLOSED £_____

Please tick appropriate box

ISSUE DATE

EXPIRY DATE

MAESTRO CARD ISSUE NO.

Please charge my Account £

SECURITY N° The last 3 digits on your signature strip

Name & Initial

SIGNATURE

DATE

Cheques to be made **payable to AUTO 66 CLUB** and sent with Entry Form and a STAMPED ADDRESSED ENVELOPE to Auto 66,The Circuit Office, Olivers Mount, Scarborough,YO11 2YW……

In the event of an accident please give person to contact: ……