

THE JOHN CLARKE SPRINT

CURBOROUGH SPRINT COURSE – SATURDAY 9th AUGUST 2008

ORGANISED BY THE BARC MIDLANDS CENTRE

Held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting code of the FIA) and these Supplementary Regulations.

ENTRANT

DRIVER.....

ADDRESS

.....

.....POST CODE.....

TELEPHONE No. Home.....

Business

E-MAIL.....

DO YOU WISH TO RECEIVE THE RESULTS BY E-MAIL YES/NO*

COMPETITION LICENCE No.PARENT CLUB.....

HAVE YOU EVER HELD A ROAD TRAFFIC ACT LICENCE YES/NO* (Driving Licence)

MAKE & MODEL OF CAR

CLASS.....CAPACITY..... TURBOCHARGED/SUPERCHARGED*

SHARED DRIVE YES/NO* SHARING WITH.....

WHICH CHAMPIONSHIPS ARE YOU COMPETING IN.....

.....

SIGNED.....DATE

NAME AND ADDRESS OF RELATIVE OR FRIEND TO BE INFORMED IN CASE OF AN ACCIDENT.

NAME.....

ADDRESS

TELEPHONE NUMBER

* Delete as applicable.

Please complete this entry form and the declaration on the opposite side and send together with the entry fee to:
Noreen Ward, 101 Arnolds Crescent, Newbold Verdon, Leics. LE9 9LW Tel 01455 824494
Email: noreenward@tiscali.co.uk

Cheques for **£70, less discount if applicable**, should be made payable to **BARC Midlands Centre** (please see overleaf for details of payments by credit/debit card).

PLEASE REMEMBER TO SIGN THE DECLARATION OVERLEAF

Office Use Only

Date Received.....Acknowledged..... Entry Accepted.....

GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS

I DECLARE THAT:

1. I have been given an opportunity to read the General Regulations of the Motor Sports Association (MSA) 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 conduct of the event are insured against loss or injury caused through their negligence
2. 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.
3. The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by law.
4. I understand that should I at any 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 have, following such declaration, issued a licence which permits me to do so.
5. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's Parent/Guardian/Guarantor, whose full names and addresses have been given.
6. If I am the Parent/Guardian/Guarantor of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.
Note: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.
7. State your age (next to your signature below) if you are under 18 years old.

Entrant(signature)

Driver(signature)

Age (see Note 7 above):

If any of the above declarations are signed by a person under the age of 18 years, the consent of a parent or guardian must be given below.

This entry is made with my consent:-

Full Name

Address

Telephone Number

Relationship to Entrant/Driver

Signature

PAYMENT BY VISA / ACCESS* Only Security No. Date Issued Expiry Date Issuing Bank

--	--	--	--	--

PAYMENT BY SWITCH/DELTA* Only Issue No Security No Date Issued Expiry Date Issuing Bank

--	--	--	--	--	--

Name of Cardholder Contact Tel. No.

(A £4 handling charge will be made on payments by credit card)