



Tunbridge Wells Motor Club

# OFFICIAL ENTRY FORM TWMC LYDDEN SPRINT Saturday 10<sup>th</sup> April 2010

FOR OFFICIAL USE ONLY

Closing date for entries is Friday 2<sup>nd</sup> April 2010

DRIVER			
DRIVER'S NAME	COMP. LICENCE NO	TYPE	GRADE
ADDRESS		POST CODE	
TEL NO HOME	WORK	EMAIL	
CLUB	CHAMPIONSHIP (If any)		
ENTRANT			
ENTRANT NAME		LICENCE NO	
ADDRESS			
VEHICLE			
MAKE	MODEL	YEAR	
MODIFICATIONS			
ENGINE CAPACITY	CLASS ENTERED	COLOUR	
CATEGORY ENTERED:			
* ROAD-GOING SERIES/SPECIALIST PRODUCTION CARS		ROAD-GOING KIT TYPE AND REPLICA CARS	
MODIFIED LIMITED/SPECIALIST PRODUCTION CARS		SPORTS LIBRE CARS	RACING CARS
INDICATE IF THE CAR HAS :			
<b>FORCED INDUCTION / USES DIESEL FUEL</b>			
IF ANY OTHER DRIVER IS ENTERING THIS VEHICLE PLEASE ADVISE THEIR NAME (SEPARATE ENTRY FORM WILL ALSO BE REQUIRED):			
I enclose a cheque/P.O./Cash value ..... payable to 'TUNBRIDGE WELLS MOTOR CLUB' (entry fee is £99.00 per competitor)			
<b>PLEASE ENSURE YOU HAVE READ AND SIGNED THE DECLARATION OVERLEAF</b>			
ELIGIBILITY DECLARATION			
I DECLARE THAT THE CAR ENTERED COMPLIES WITH THE REQUIREMENTS LAID DOWN BY THE ASEMC/ACSMC/AEMC AND REPRODUCED IN THE SR'S			
SIGNED ..... DATED .....			

Return this form to: Gary Goodwin, 48 Napier Road, Hawkenbury, Tunbridge Wells, Kent, TN2 5AT (01892 516365)

FOR OFFICIAL USE ONLY				
Date Rec'd	Fee Rec'd	Ackn'd	Co.No.	Class

# DECLARATION OF INDEMNITY

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.

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

**State your age if you are under 18.....**

I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for any 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.

I declare that the particulars given on this entry form are a true record.

Signature (Driver) .....Date .....

Signature (Entrant).....Date .....

If driver is under the age of 18 the following must also be signed by Parent/Guardian/Guarantor:

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 Regulation issued for the event and the General Regulations of the MSA.'

As the Parent/Guardian/Guarantor ` I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees in pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulation (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in MSA General Regulation Part 3 Appendix 1.'

Signed .....Relationship .....

Address .....

Please indicate below the name address and phone number of the person who should be contacted in event of a serious accident.

Name ..... Tel Number .....

Address .....