## ENTRY FORM

## 

## **Summer Car Trial**

**Saturday 31st August 2024**

# 

# This event is held under the General Regulations of Motorsport UK (incorporating the provisions of the international Sporting Code of the FIA) and the Supplementary Regulations for this event.

**What to do with this form…………………**

1. Print out both pages of this form for each entry.
2. Fill in **CLEARLY** and **FULLY** and sign & date both pages.
3. Scan/photo and email both pages to [**phil\_matthews@live.co.uk**](mailto:phil_matthews@live.co.uk)
4. Transfer **£20** per entry to WSSCC’s Barclays Bank account specifying Sort Code 20-97-78

Account 00958352, Account Name: Wolverhampton and South Staffordshire Car Club Ltd.

Please include the reference SUMMER TRIAL followed by your name

|  |  |  |
| --- | --- | --- |
|  | **Driver** | **Passenger** |
| Full name |  |  |
| Address |  |  |
| Post code |  |  |
| Telephone (day) |  |  |
| Telephone (eve) |  |  |
| Email address |  |  |
| Club |  |  |
| Motorsport UK Lic No |  |  |

**CLASS**

|  |  |
| --- | --- |
| **A or B** |  |

**VEHICLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** |  |  |  |
| **Model** |  |  |  |
| **CC** |  |  |  |
| **Registration** |  | **Minimum tyre pressure (psi)** |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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### INDEMNITY

I declare that I have been given the opportunity to read the General Regulations of Motorsport UK and 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 that I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk.

|  |  |  |
| --- | --- | --- |
|  | **Driver** | **Passenger** |
| Signature |  |  |
| Date |  |  |
| Age if under 18 |  |  |

**EMERGENCY CONTACTS Please give the name, telephone number and address of a relative or friend to be contacted in case of illness or accident.**

|  |  |  |
| --- | --- | --- |
|  | **For Driver** | **For Passenger** |
| Name |  |  |
| Telephone number |  |  |
| Address |  |  |

### Declaration of Parent or Guardian (if competitor is under 18)

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 MSUK. I confirm that I have acquainted myself with the MSUK General Regulations, agree to pay any appropriate charges and fees 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 Regulations (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 Part 3, Appendix 1.

|  |  |  |
| --- | --- | --- |
|  | **For Driver** | **For Passenger** |
| Signature |  |  |
| Name |  |  |
| Relationship |  |  |
| Address |  |  |