

For official use

Date rec'd.

Fee Paid

Competitor No.

Class.

Queries:



**ENTRY FORM - TORBAY MOTOR CLUB
TORBAY TRIAL - SUNDAY 12TH MARCH 2017**

ENTRIES CLOSE ON MONDAY 27th FEBRUARY 2017

DRIVER/RIDER FULL NAME.....CLUB.....

(Running order – I would like to run with or near to -)

ADDRESS.....

.....POSTCODE.....

E-MAIL..... PHONE.....

ENTERING FOR (delete as applicable)

NATIONAL B (Cars: with MSA Comp. Licence) / **CLUBMANS** (Cars: members of invited Clubs) / **ACU** (all M' Cycles)

Car competitors who don't have MSA Comp. Licence (non-Race Clubman or higher) must run under the Clubmans Permit.

MSA LICENCE No (National B Cars only) :..... ACU AFFILIATION No (M'cycles only):

CHAMPIONSHIP REGISTRATION (if applicable): ACTC No..... ASWMC No.....

PASSENGER FULL NAME

CLUB MEMBERSHIP (Nat B Cars)

ACU AFFILIATION No (Outfit passengers only):

ACTC PASSENGER CHAMPIONSHIP CONTENDER? (Nat B Cars only) **YES / NO**

VEHICLE MAKE & MODEL..... REG. No.....

ENGINE SIZE.....cc FORCED INDUCTION? (y/n).....COLOUR.....CLASS.....

IS A LSD, TORQUE BIASING OR ANY OTHER TRACTION CONTROL DEVICE FITTED? (CARS ONLY) **YES / NO**

MAKE & SIZE OF TYRES. FRONT.....REAR.....

FEES PAYABLE

ENTRY FEE CARS (incl Lockton Insurance @ £5.50) £38.00 _____

ENTRY FEE SOLO MOTORCYCLES (incl RTA Insurance) £28.00 _____

ENTRY FEE COMBINATION OUTFITS/3 WHEELERS (incl RTA Insurance) £30.00 _____

MCC PASSENGER MEMBERSHIP £5.00 _____

CHEQUES MADE PAYABLE TO **TORBAY MOTOR CLUB LTD.** TOTAL £ _____

DO YOU REQUIRE PARKING FOR TRAILER? _____

ARE YOU LIKELY TO HAVE BREAKFAST AT START? _____ (for Catering estimate only)

INDEMNITY STATEMENT

I have read the Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the Motor Sports Association and / or the Standing Regulations and National Sporting Code of the Auto Cycle Union. In consideration of this or of me being permitted to take part in this event, I agree to save harmless and keep indemnified the RACMSA Ltd, the ACU, the promoting persons or bodies who may be authorised by MSA or ACU to promote or organise the event and their respective officials, servants, representatives or agents from and against all actions, claims, costs, expenses and demands in respect of death or injury to myself, however caused, arising out of or in connection with my entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents.

Furthermore, in respect of any parts of this event on ground where Third Party insurance is not required by law, this agreement shall, in addition to the parties named above, extend to all and any other competitors and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss or damage to the person or property by myself, my driver(s), passengers(s) or mechanic(s).

I declare that I have attained the age and possess the required license to drive/ride my motor vehicle on the public highway.

I declare that whilst taking part in this event I understand the associated risks and have an operative insurance policy covering me in respect of Road Traffic Act liabilities and that this is valid for those parts of the event which shall take place on public roads.

Further and additionally, I acknowledge that it will be my sole responsibility to ensure that my vehicle complies in every respect with the Road Traffic Acts 1972 and 1974 and the Motor Vehicle (Construction and Use) Regulations 1987.

DRIVER SIGNATURE _____ **DATE** _____

PASSENGER(S) SIGNATURE _____ **DATE** _____

If the driver / rider / passenger is under 18 years of age, the following must be signed by the parent or guardian :-

Name of parent or guardian _____ Age of competitor _____

Signature of Parent or Guardian _____ Date _____

Address _____ Post Code _____

Person(s) to inform in the case of an emergency :-
(Your entry may not be processed without this information)

For Driver: Name.....Telephone No.....

For Passenger(s): Name.....Telephone No.....

FINAL INSTRUCTIONS AND RESULTS WILL BE SENT BY EMAIL.

IF YOU DO NOT HAVE EMAIL THEN PLEASE ENCLOSE 2x C5 (9" x 6") SAE's

PLEASE RETURN THIS FORM AND FEES BY MONDAY 27TH FEBRUARY 2017 TO:-

**KEITH SANDERS
5 TWO ACRE COURT
ALPHINGTON
EXETER
EX2 8YE TEL. 07398 225880 / 01392 661813**

CHEQUES PAYABLE TO "TORBAY MOTOR CLUB LTD"