



Fusion Fostering Wiscombe Hillclimb



ENTRY FORM.SATURDAY 16TH May 2020

Held under the General Regulations of Motorsport UK (Incorporating the provisions of the International Sporting Code of the FIA).

BLOCK CAPITALS PLEASE:

Driver's Name _____

Address _____

Post Code _____

Evening Telephone No _____ Email _____

Competition Licence No _____ Grade & Category of Licence _____

Do you hold, or have ever held, a valid Road Traffic Act driving licence YES/NO

Please circle your Event Class below: _____ Championship Class: _____

Saturday: A1 A2 A3 A4 B1 B2 B3 C1 C2 C3 C4 D1 D2 D3 E1 E2 E3 E4 F1 F2 F3 F4

I am a Registered contender in the	Saturday	Sunday
2020. Tyre Marks ASWMC Hillclimb Championship	<u>YES / NO</u>	<u>YES / NO</u>
2020 Wiscombe Tillicoultry Quarries Hillclimb Championship	<u>YES / NO</u>	<u>YES / NO</u>
2020 ACSMC Speed Hillclimb Championship	<u>YES / NO</u>	<u>YES / NO</u>
2020 Torbay Motor Club Speed Championship	<u>YES / NO</u>	<u>YES / NO</u>
2020 Dews Speed Series	<u>YES / NO</u>	<u>YES / NO</u>
2019 TVR Speed Championship	<u>YES / NO</u>	<u>YES / NO</u>
2020 MG Speed Championship	<u>YES / NO</u>	<u>YES / NO</u>

I am a fully paid up member of _____ Motor Club

Please only state one

Car Details:

Make: _____ Model: _____

Capacity: _____ cc Super/Turbo Charged: YES / NO

Engine Type: Car / Motor Cycle

Will the car be running on pump fuel: YES / NO If NO please state fuel used: _____

Is engine self-starting: YES / NO If NO method of stating: _____

Car will also be driven by (separate Entry Form required) _____

Please indicate which driver is to be the "a" (2nd) driver _____

I enclose Cheque/Postal Order made payable to "**TORBAY MOTOR CLUB**". £

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SATURDAY 16th MAY 2020

THE FOLLOWING INDEMNITY MUST BE SIGNED BY THE DRIVER

I declare that I have been given an opportunity to read the General Regulations of Motorsport UK 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 organisation and/or conduct of the event are insured against loss or injury caused through their negligence. State your age (BELOW) 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 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 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.

DRIVER

Signature _____ Date _____ Age _____

THIS FORM MUST BE COUNTERSIGNED BY THE PARENT OR GUARDIAN (AS APPROPRIATE) IF DRIVER IS UNDER 18 YEARS OF AGE.

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 Motorsport UK. As the Parent/Guardian/Guarantor 'I confirm that I have acquainted myself with the Motorsport UK 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 alterations thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maximum set out in Part 3, Appendix 3.

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.

Full Name _____ Relationship to Driver/Entrant _____

Address _____

Telephone No _____

Signature _____ Date _____

NAME & ADDRESS OF PERSON TO BE CONTACTED IN CASE OF SERIOUS ACCIDENT.

Name _____ Relationship to Competitor _____

Address _____

Telephone No _____ Will the above contact be at the venue: _____ Yes / No

If you have not stated your email address and wish to receive an acknowledgment, please enclose ONE stamped self-addressed envelope to assist the Entry Secretary.

If you have stated your email address, we will email you an acknowledgment.