



Entry Form, TVM Longcross Stages 2005

SPONSOR / Entrant* (*delete as applicable)		
	DRIVER	CO-DRIVER
SURNAME		
FORENAME(S)		
ADDRESS		
TEL NO (DAY)		
TEL NO (EVE)		
E-MAIL ADDRESS		
MSA LICENCE NO		
ACSMC NO		
CMSG NO	Historic / Other	Historic / Other
CLUB		
In case of accident: NEXT OF KIN - NAME		
NEXT OF KIN - TELEPHONE		

ALL CORRESPONDENCE TO: DRIVER / CO-DRIVER (Please delete one)

CAR

MAKE		MODEL			
REG NO		ACTUAL CC		COLOUR	
CLASS		CLASSES: A = 1001-1400cc, B = 1401-1600, C = 1601-2000, D=Over 2000, E=4WD F1000 = Under 1001cc			
4WD	NO / YES (Class E)	FORCED INDUCTION? NO / YES (Multiply capacity by 1.7)			

COMPETITORS MUST COMPLETE THE SEEDING INFORMATION OVERLEAF
ALL MISSING INFORMATION TO BE PROVIDED AT LEAST ONE WEEK BEFORE EVENT

PLEASE RETURN COMPLETED ENTRY FORM TO:

Lawrie Cooper, 16 Gatcombe Close, Calcot, Reading, RG31 4XQ

ENTRY FEE

I enclose Entry Fee of £185.00	£
Craven membership £15 (each)	£
TOTAL	£
Please Make Cheques Payable to: "CRAVEN MOTOR CLUB LTD"	

SEEDING INFORMATION

<u>SEEDING INFORMATION</u>			RESULT	
STAGE RALLY NAME	EVENT STATUS	DATE	OVERALL	CLASS

Where would you expect to be seeded?

INDEMNIFICATION

1. I declare that I have been given the opportunity to read the general regulations of the Motor Sport Association 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 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'.
2. 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 the 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.
3. Any application form for a licence which was signed by a person under the age of 18 years old was countersigned by that person's parent / guardian / guarantor, whose full name and address I have been given.
4. If appropriate I am the parent / guardian / guarantor (delete as appropriate) of the driver and 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 for 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.
5. As the Parent / Guardian / Guarantor I confirm that I have acquainted myself with the MSA 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 Section Z (of the Blue Book). 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.

Either state your age if you are under 18, or state "Over 18"

Driver's signature		Age if under 18	
Co-Driver's signature		Age if under 18	
Entrant's signature		Age if under 18	

If the entrant or driver is under the age of 18 years, then either a Parent or Guardian must countersign this form

Signature: