

**BRISTOL M.C.**

**ALLEN TRIAL**

**24<sup>th</sup> NOV. 2019**

**ENTRY FORM** for National B / Clubman please circle

DRIVER'S NAME .....CLASS.....

ADDRESS .....

.....

POST CODE..... Tel No:.....

E MAIL ADDRESS .....

WOULD YOU PREFER YOUR FINAL INSTRUCTIONS BY POST / EMAIL

COMPETITION LICENCE NO. ....CLUB.....

CHAMPIONSHIP REGISTRATION NO. ASWMC ....., ACTC .....

PASSENGER'S NAME .....ACTC NO. ....

PASSENGER'S CLUB (Nat B only) .....

MAKE & MODEL OF CAR .....

REGISTRATION NO. .... ENGINE CAPACITY .....

MAKE, TYPE & SIZE OF TYRES - REAR WHEELS .....

MAKE, TYPE & SIZE OF TYRES - FRONT WHEELS .....

IS A LIMITED SLIP OR LOCKED DIFFERENTIAL FITTED ? YES / NO

IS A SUPERCHARGER or TURBOCHARGER FITTED ? YES / NO

WILL YOU REQUIRE REIS INSURANCE ? YES / NO

IF YOU ARE USING YOUR OWN INSURANCE PLEASE GIVE NAME & ADDRESS OF YOUR INSURANCE COMPANY

.....

WOULD YOU PREFER AN EARLY / MID / LATE START TIME.

IS THERE ANYONE THAT YOU WISH TO RUN WITH ? .....

I ENCLOSE ENTRY FEE (£ 35.00) .....

Reis Insurance (£ 15.00) .....

TOTAL .....

CHEQUES SHOULD BE MADE PAYABLE TO ' BRISTOL MOTOR CYCLE & LIGHT CAR CLUB ltd'

SEND TO MRS C. HART, TILE BARN, CHURCH RD, DOYNTON, BRISTOL. BS30 5SU.

I declare that:

1. I have been given an 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 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.

2. 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.

3. The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.

4. 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.

5. Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.

6. 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 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.

Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_

Passenger's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the Driver / Passenger is under 18 years of age the following must be signed**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

**PERSONS TO INFORM IN CASE OF EMERGENCY (SUCH PERSONS MUST NOT BE INVOLVED IN THE TRIAL) THESE DETAILS MUST BE COMPLETED!**

Driver Contact Name and Telephone Number \_\_\_\_\_

Passenger Contact Name and Telephone Number \_\_\_\_\_