

ENTRY FORM SOUTHSEA MOTOR CLUB PRESIDENT'S TROPHY TRIAL

DRIVER

PASSENGER

First Name.....
Surname
Address.....
.....
.....
.....
Post Code.....
Tel No
Email
Comp Lic No..... (National B Drivers only)
Make of Vehicle..... Capacity.....

Entry Fee £35, payable to Southsea Motor Club Ltd. Secretary, to whom entries should be sent, Paula Faulkner, 1 High Trees, Waterlooville, Hants, PO7 7XP.

We are fully paid up members of (delete as appropriate):-
Driver: Southsea MC Sporting Trials.Com BTRDA 750 Motor Club
Passenger: Southsea MC Sporting Trials.Com BTRDA 750 Motor Club

I am/am not (delete as appropriate) a 2010 BTRDA Championship contender.
I am/am not (delete as appropriate) a 2010 ASWMC Championship contender.

BTRDA Class: RED/BLUE/GREEN. Or Clubsport (delete as appropriate)

I have read the supplementary regulations issued for this event and agree to be bound by them and the general regulations of the RAC Motor Sports Association Ltd. In consideration of the acceptance of this entry and my being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the RAC Motor Sports Association Ltd., such person, persons or body as may be authorised by the RAC Motor Sports Association Ltd., to promote or organise this event and their respective officials, servants, representatives and agents together with other competitors and their respective servants, representatives and agents from and against all action, claims, costs, expenses and demands in respect of death or injury to or damage to the property of myself, my driver(s), passenger(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event. I declare that my car is fitted with a free and uninterrupted differential, and that no limited slip device is fitted.

MY AGE IS..... (If applicable state "over 17 years")

SIGNATURE OF DRIVER.....

SIGNATURE OF PASSENGER.....

SIGNATURE OF PARENT/GUARDIAN IF DRIVER UNDER 18

SIGNATURE OF PARENT/GUARDIAN IF PASSENGER UNDER 18

PERSON TO BE NOTIFIED IN THE EVENT OF AN ACCIDENT:-

Driver: Passenger:
Name.....
Tel No:.....