

West Essex Car Club Limited - 30th May 2005 - The Rees Engineering Millbrook National Stages Rally

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA), and the Supplementary Regulations, and any written instructions that the Organising Club may issue for the event.

PLEASE COMPLETE IN BLOCK CAPITALS AND TICK WHERE REQUIRED TO DO SO

ENTRANT OR MAIN SPONSOR	<input style="width:90%" type="text"/>	
ENTRANTS LICENCE NUMBER	<input style="width:200px" type="text"/>	LICENCE NUMBER MUST BE GIVEN TO THE ENTRIES SECRETARY BEFORE 20/05/2005

DRIVERS FULL NAME	<input style="width:200px" type="text"/>	CO-DRIVER FULL NAME	<input style="width:200px" type="text"/>
ADDRESS	<input style="width:200px" type="text"/>	ADDRESS	<input style="width:200px" type="text"/>
	<input style="width:200px" type="text"/>		<input style="width:200px" type="text"/>
	<input style="width:200px" type="text"/>		<input style="width:200px" type="text"/>
HOME/MOBILE TEL	<input style="width:200px" type="text"/>	HOME/MOBILE TEL	<input style="width:200px" type="text"/>
2005 LICENCE No/GRADE	<input style="width:200px" type="text"/>	2005 LICENCE No/GRADE	<input style="width:200px" type="text"/>
CLUB	<input style="width:200px" type="text"/>	CLUB	<input style="width:200px" type="text"/>
EMAIL	<input style="width:200px" type="text"/>	EMAIL	<input style="width:200px" type="text"/>

CAR	<input style="width:200px" type="text"/>	CC	<input style="width:200px" type="text"/>
COLOUR	<input style="width:200px" type="text"/>	REGISTRATION	<input style="width:200px" type="text"/>
CLASS	<input style="width:100px" type="text"/>	FORCED INDUCTION	<input style="width:100px" type="text"/>

PREFERRED SCRUTINEERING	16:00 - 16:30	<input type="checkbox"/>	16:30 - 17:00	<input type="checkbox"/>	17:00 - 17:30	<input type="checkbox"/>	17:30 - 18:00	<input type="checkbox"/>
TIME	18:00 - 18:30	<input type="checkbox"/>	18:30 - 19:00	<input type="checkbox"/>	19:00 - 19:30	<input type="checkbox"/>	19:30 - 20:00	<input type="checkbox"/>

CHAMPIONSHIPS	DRIVER	AEMC	<input type="checkbox"/>	LCAMC	<input type="checkbox"/>	ACSMC	<input type="checkbox"/>	2005 MSA ASPHALT	<input type="checkbox"/>
	CO-DRIVER	AEMC	<input type="checkbox"/>	LCAMC	<input type="checkbox"/>	ACSMC	<input type="checkbox"/>	2005 MSA ASPHALT	<input type="checkbox"/>
ELIGIBILITY	WECC		<input type="checkbox"/>						

ENTRY FEE £335.00	£	<input style="width:100px" type="text"/>
VOLUNTARY MARSHALS DRAW £2.00	£	<input style="width:100px" type="text"/>
CREDIT CHARGE SURCHARGE £10.00	£	<input style="width:100px" type="text"/>
WECC MEMBERSHIP £10	£	<input style="width:100px" type="text"/>
SPONSORSHIP DONATION	£	<input style="width:100px" type="text"/>
NO OF VIP GUEST PASSES REQUIRED <input style="width:50px" type="text"/> AT £35 EACH	£	<input style="width:100px" type="text"/>
TOTAL ENCLOSED (CHEQUES PAYABLE TO "WEST ESSEX CAR CLUB LIMITED") (For Credit Card Payments See Over)	£	<input style="width:100px" type="text"/>

START NUMBER

For Official use only

SEEDING INFORMATION (STAGE EVENTS ONLY)

	EVENT	YEAR	STATUS	O/A	CLASS
1					
2					
3					
4					
5					

INDEMNITY

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 which has, 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/legal 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. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the MSA 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 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.

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.

ENTRANTS SIGNATURE		AGE:	/OVER 17
DRIVERS SIGNATURE		AGE:	/OVER 17
CO-DRIVERS SIGNATURE		AGE:	/OVER 17

	DRIVER	CO-DRIVER
PARENT/GUARDIAN FULL NAME		
SIGNATURE		
ADDRESS		
PHONE NO		

PERSONS TO BE NOTIFIED IN THE CASE OF A SERIOUS ACCIDENT

	DRIVER	CO-DRIVER
NAME		
PHONE NUMBER		
ADDRESS		

IF PAYING BY CREDIT CARD FILL OUT SLIP BELOW

CARD HOLDERS NAME	<input style="width: 100%;" type="text"/>		
CARD HOLDERS ADDRESS	<input style="width: 100%;" type="text"/>		
CAR NUMBER	<input style="width: 100%;" type="text"/>		
CARD VALID FROM DATE	<input style="width: 150px;" type="text"/>	CARD EXPIRY DATE	<input style="width: 150px;" type="text"/>
CARD TYPE	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> EUROCARD
	SIGNATURE		<input style="width: 250px;" type="text"/>
		AMOUNT	<input style="width: 100px;" type="text"/>

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REC	REC	ACCOUNT NAME CHEQUE NO		SORT CODE	
REF	REF	ACCOUNT NAME CHEQUE NO		SORT CODE	