

CORNISH TRIALS WEEKEND 2012

JOINT ENTRY FORM



I wish to enter (tick box)

The Robin Alexander	The David Ayers	BOTH Events		
Sat. 15 Sept 2012	Sun 16 Sept 2012	15 & 16 Sept 2012		
Driver/e Full News		Tal Na		
		Tel No		
Address				
Email				
Passenger's Full Name & Address	(SAT)			
Comp Lic No	BTRD.	A / ASWMC Champ Reg No		
I am a member of			Motor Club	
Vehicle	CC	. Have you won a trials award befo	ore? YES / NC	
Class Entered: SAT (Red / Blue / G	Green)	SUN (1/2/3/4)		
"Held under the General Regulation International Sporting Code of the		ssociation (incorporating the provis stary Regulations"	sions of the	
I hereby enclose Entry Fee as deta be accepted unless accompanied by		ry Regulations (please note that no	entry can	
All entries must be sent to:				
Mrs P Gomm, New Haven, Darkey Lane, Lifton, Devon, PL16 0DY				
'Phone 01566 784348		Email gommfamily@btinter	net.com	

Entry Fees: Robin Alexander £28.00 (BTRDA/MSA) £20.00 (ASWMC ONLY / Club)

David Ayers £28.00

Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd.

Please read and sign the Declaration overleaf

Declaration of Indemnity

I have been given the 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.

SAT Passenger Sign	Date			
SUN Passenger Sign	Date			
Parent / Guardian / Guarantor Declaration				
I confirm that I have acquainted myself with the MSA g charges and fees pursuant to those regulations (to include be bound by those regulations and submit myself without those regulation (any any subsequent alteration thereously any fines imposed upon me up to the maximum set out	ude any appendices thereto) and hereby agree to but reserve to the consequences resulting from f) further, I agree to pay as liquidated damages			
I understand that I 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.				
If an entrant is under eighteen years of age, this for whose full name and address must be given below:	m must be counter signed by a parent / guardian			
Parent/Guardian/Signature				
Name	Relationship to entrant			
Address				
NOTE: Where the parent/guardian/guarantor is not present there must be a representative who must produce written and signed authorisation to so act from Parent/Guardian/Guarantor as appropriate.				
Name of Relative/Friend in case of accident				
Address				
Emergency contact number				
Thank you for your entry we hope you enjoy the weeks	end			
Camel Vale Motor Club	Launceston & North Cornwall Motor Club			