



LAUNCESTON AND NORTH CORNWALL MOTOR CLUB LTD

Date Saturday, June 8, 2019	Title of Event	Summer Sporting Trial
Name		
Postcode		
'Phone – Home	Class	
Work	RED IND/LIVE BLUE IND/LIVE	1 2
Email address Passenger's name Address	GREEN POST HISTORICAL	3 4
Postcode	Capacity	c.c
Car Type	PLEASE COMPLETE AL	L SECTIONS
I declare that I have been given the opportunity to read the General 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 evenature and type of competition and the potential risk inherent with a Further, I understand that all persons having any connection with the insured against loss or injury caused through their negligence. I declare that my car is fitted with a free and uninterrupted different	ent and I am competent to do so motor sport and agree to accept the promotion and/or organization	. I acknowledge that I understand the that risk. In and/or conduct of the event are
My age is	(if applicable, state 'over 18	years')
Entry Fee£20		
Annual Membership Fee (if appropriate £10)		
Total		
Cheques should be made payable to Launceston & North Corn	wall Motor Club Ltd.	
Driver's Signature	Age if under 15	3
Passenger's signature	Age if under 18	3
If the driver or passenger is under 18 years of age, the Parent/guard	ian must read and sign the follo	wing declaration and sign.

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.

Please complete below if driver or passenger is under 18 years.

THIS ENTRY IS MADE WITH MY CONSENT,

As the Parent/Guardian of the driver/passenger, 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 Motor Sport UK.

As the Parent/Guardian, I confirm that I have acquainted myself with the Motor Sport UK General Regulations, agree to pay any appropriate charges and fees pursuant to these regulations and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations. Further, I agree to pay as liquidated damages any fines imposed upon me up to the maximum set out in Part 3 Appendix 1.

Name of PARENT or GUARDIAN of DRIVER or PASSENGER *
Address
Postcode
* Delete as appropriate.
Signature of Parent or Guardian

Pam Wevill, The Manor House, Lifton, Devon, PL16 0BJ. Telephone 01566 784451, email – j.wevill@btinternet.com
Emergency Contact: Driver, please contact
On
Passenger, please contact
On
I HEREBY CONSENT TO THE CLUB RETAINING DATA FOR INTERNAL ADMINISTRATION PURPOSES. FULL PRIVACY POLICY IS SET OUT ON THE WEBSITE. PLEASE TICK BOX