****

### HCC Wales Car Trial

### ENTRY FORM

 SUNDAY JULY 23rd 2017

# DRIVER DETAILS

|  |  |
| --- | --- |
| Name  | Nat B / Clubman (delete as necessary) |
| Address | Class Entered |
|  | Club |
|  | Comp Licence No(Nat B only) |
| Post Code | Home Tel No |
| E MAIL - | Mobile Tel No |
| Please indicate if you would like Finals, Results, etc. by email YES / NO |

# CHAMPIONSHIP DETAILS (delete as necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BTRDA CT | YES / NO |   | ANWCC CT | YES / NO |
| BTRDA AllRounders | YES / NO |  | ANWCC AllRounders | YES / NO |
| 2017 MSA British Car Trial Championship | YES / NO |

# PASSENGER DETAILS

|  |
| --- |
| Name:  |

# VEHICLE DETAILS

|  |  |
| --- | --- |
| Make:  | Model:  |
| Reg No:  | Cubic Capacity:  |
| Overall Length:  | Colour:  |
| Delete as appropriate: FWD / RWD / FERWD / RERWD / LSD |
| Please list all modifications to production form or reply ‘None’ |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Entry Fee…£20 Nat B / £10 Clubman**PLEASE SEND FULLY COMPLETED ENTRY FORM AND DECLARATION OF INDEMNITY (OVERLEAF) TOGETHER WITH A CHEQUE OR POSTAL ORDERDeclaration of IndemnityHeld under the General Regulations of the Motor Sports Association Limited (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.I have read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agreed to be bound by them. I declare that I am physically and mentally fit to take part in the event and are competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with Motorsport 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Driver’s Signature** | **Age (If under 18)** | **Date** |  |
| **Passenger’s Signature** | **Age (If under 18)** | **Date** |  |

**THIS ENTRY IS MADE WITH MY CONSENT**(For competitors under 18 years old.)Important: Please Refer To Regulation A.7 of the 2015 “Blue Book

|  |  |
| --- | --- |
| **For Driver** | **Passenger** |
| Name | Name |
| Address | Address |
| Tel No | Tel No |
| Relationship | Relationship |
| Signature | Signature |

Entry Fee

|  |  |
| --- | --- |
| £20 Nat B  | £ |
| £10 Clubman - Clwyd Vale Members | £ |
| Clwyd Vale MC Membership @ £10 / £10.50 Joint (Joint = Husband & Wife / Partner etc, etc) | £ |
| **Total** | £ |

Please send the fully completed Entry Form and fee to the Entry Secretary: **Closing Date:- 23rd JULY 2017****PETER WILLIAMS 53 ASHLY COURT St.ASAPH LL17 0PG****Email peter.williams@hccwales.co.uk****07738 457 471** Before 21:00 PleaseAll cheques should be made payable to **Clwyd Vale Motor Club.** (only CASH accepted on the day.)ENTRIES MAY BE PAID BY Bacs. To. CLWYD VALE MOTOR CLUB : -HSBC SORT CODE 40 – 19 – 12 ACCOUNT No. 21304909 Please USE THE REFERENCECVMC\_\_\_\_\_\_\_\_\_ in the blanks are the drivers surname EG CVMCWILLIAMS

|  |
| --- |
| **For Official Use Only** |
| **Date Received:** |  | **Method of Payment:** |  |
| **Date Acknowledged:** |  | **Amount Paid:** |  |

 |