

# ENTRY FORM

## DA AUTOPARTS SOLWAY COAST RALLY

SUNDAY 18 OCTOBER 2009 | ORGANISED BY SOLWAY CAR CLUB

REF No	START No

**ENTRIES CLOSE ON  
MONDAY 12 OCTOBER**

All correspondence will be sent to the co-driver unless otherwise requested.  
If an email address is provided, all correspondence [including Final Instructions] will be sent by email.  
**PLEASE COMPLETE THE ENTRY FORM IN FULL AND LEAVE NO BLANKS.**

### DRIVER

<b>NAME:</b>						
<b>ADDRESS:</b>						
TICK TO REQUEST CORRESPONDENCE						
<b>POSTCODE:</b>		<b>TELEPHONE:</b>				
<b>EMAIL:</b>	<small>PLEASE WRITE CLEARLY AS THIS IS THE ORGANISERS PREFERRED METHOD OF CONTACT.</small>					
<b>COMPETITION LICENCE:</b>	<b>No:</b>		<b>TYPE:</b>		<b>CAR CLUB:</b>	
<b>NEXT OF KIN:</b>						
<b>ADDRESS:</b>						
<b>TELEPHONE:</b>		<b>RELATIONSHIP TO DRIVER:</b>				

### CO-DRIVER

<b>NAME:</b>						
<b>ADDRESS:</b>						
TICK TO REQUEST CORRESPONDENCE						
<input checked="" type="checkbox"/>						
<b>POSTCODE:</b>		<b>TELEPHONE:</b>				
<b>EMAIL:</b>	<small>PLEASE WRITE CLEARLY AS THIS IS THE ORGANISERS PREFERRED METHOD OF CONTACT.</small>					
<b>COMPETITION LICENCE:</b>	<b>No:</b>		<b>TYPE:</b>		<b>CAR CLUB:</b>	
<b>NEXT OF KIN:</b>						
<b>ADDRESS:</b>						
<b>TELEPHONE:</b>		<b>RELATIONSHIP TO CO-DRIVER:</b>				

### RALLY CAR DETAILS

<b>MAKE:</b>		<b>REG No:</b>		<b>CAPACITY:</b>	
<b>MODEL:</b>		<b>COLOUR:</b>		<b>CLASS ENTERED:</b>	

### INSURANCE [PLEASE TICK AS APPROPRIATE]

<input type="checkbox"/> I CAN COMPLY WITH THE TERMS OF THE LOCKTON INSURANCE REQUIREMENTS.	
<input type="checkbox"/> I CANNOT COMPLY & THEREFORE REQUIRE A LOCKTON INSURANCE DECLARATION FORM.	
<input type="checkbox"/> I HAVE MY OWN INSURANCE.	
STATE FULL NAME OF INSURERS (IF USING OWN)	

## DETAILS OF FEES PAID

ANY REFUND SHOULD BE MADE PAYABLE TO:	
Cheque/Postal Order No: ..... Account Name: ..... made payable to: <b>SOLWAY CAR CLUB</b>	
ENTRY FEE:	£ 214.00
LOCKTON INSURANCE ( £26.00 + ANY LOADING):	£
SERVICE INFORMATION & CONTRIBUTION TO MARSHALS FUND:	INCLUDED
TOTAL TO BE PAID:	£

## SEEDING [THIS MUST BE **FULLY** COMPLETED WITH RESULTS FOR THE DRIVER (AS A DRIVER!) IN THE PAST 2 YEARS.]

YEAR	EVENT NAME	EVENT STATUS	START No	POSITION	
				O/A	CLASS

## 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 event and the potential risk inherent with motor sport and agree to accept that risk. [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 submit myself without reserve to the consequences resulting from 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 Part 3, Appendix 3. 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. [7] I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

## SIGNATURES

DRIVER SIGNATURE:		DATE:		AGE (IF UNDER 18):	
CO-DRIVER SIGNATURE:		DATE:		AGE (IF UNDER 18):	

[IF THE DRIVER OR CO-DRIVER IS UNDER 18, THIS FORM MUST BE COUNTERSIGNED BELOW BY AN APPROPRIATE PARENT OR GUARDIAN.]

DRIVER UNDER 18 YEARS OLD		CO-DRIVER UNDER 18 YEARS OLD	
FULL NAME:		FULL NAME:	
ADDRESS:		ADDRESS:	
TEL No:		TEL No:	
RELATIONSHIP TO DRIVER:		RELATIONSHIP TO CO-DRIVER:	
SIGNATURE:		SIGNATURE:	

This entry form must be completed in every respect [including signing the indemnification] and sent to:

**KIRSTY RIDDICK, DAVAH, PORT ROAD, HAUGH OF URR, CASTLE DOUGLAS, DG7 3JW**

t: 01556 660 281 f: 01556 660 459 e: kirstyriddick@yahoo.co.uk