ENTRY FORM

WINGS ALL DAY GRASS AUTOTEST

DATE - 23rd AUGUST 2015

This event will be held under the General Regulations of The Motor Sports Association Ltd. (incorporating the provisions of the International Sporting code of the FIA) and the Supplementary Regulations.

DRIVER			PASSENGER		
ADDRESS			(Class J only) ADDRESS		
ADDRESS			ADDRESS		
Email Address					
Tel No: H			Tel No: H		
Tel No: W			Tel No: W		
CLUB			CLUB		
Do you hold a full RTA		YES/ NO	Do you hold a full RTA	YES/NO	
Driving Licence? Are you a NOVICE?		YES/NO	Driving Licence?		
Are you a NOVICE:		I E3/NO			
VEHICLE		MAKE			
, EIIICEE		MODEL			
		CC			
		OVERALL LENGTH			
		CLASS ENTERED			
		ENTRY FEE £15.00/£8.00			
NOTE – ALL COMPETI Name and address of	TOR	S MUST COMPLETE TH	E FOLLOWING SECTION	ON	
relative or friend to be		NAME			
notified in the event of		ADDRESS			
an accident (A.32)					
		Telephone Number			
DECLARATION Every entrant, driver and passenge	er befor	e taking part in any competition mu	st sign an undertaking, as follows	:	
I declare that I have been given th	ne oppor	tunity to read the General Regulation	ons of the Motor Sports Association	on and, if any, the Supplementary	
Regulations for this event and I ag	gree to b	be bound by them. I declare that I a	m physically and mentally fit to t	ake 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 in 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			on with the promotion and/or org	anisation and/or conduct of the event	
Driver's Signature	• • • • • • • •	Age	if under 18 :	Date:	
Passenger's Signature		Age	e if under 18 :	Date:	
Parent/Guardian/Guaranton	r Signa	ture		Date:	
		\ 11	icable state "Over 18 years	")	
THIS ENTRY IS MADE WI (To be completed by Parent/Guard		IY CONSENT arantor, if Driver is under 18 years	of age)		
NAME					
RELATIONSHIP TO DRIVER		PARENT/GUARDIAN/GUARAN	ΓOR (delete as appropriate)		
ADDRESS			<u> </u>		
TELEPHONE NO:					
		the drive, I understand that I shall h		any procedure being carried out	

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 to the maximum set out in Part 3, Appendix 1.

Signature of Parent/Guardian/Guarantor	
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