

# Perry Roe Memorial Rally 2010

## ENTRY FORM



### DRIVER

Name ..... Address .....

.....

Post Code ..... Tel..... E-mail.....

Club ..... Comp. Lic ..... Champ.No .....

### NAVIGATOR

Name ..... Address .....

.....

Post Code ..... Tel..... E-mail.....

Club ..... Comp. Lic ..... Champ.No .....

**CLASS ENTERED** (CIRCLE ONE ONLY)      Expert / Semi-Expert / Novice / Beginner / Clubman

### VEHICLE

Make/ Model ..... Year .....

Reg. No ..... Colour ..... Capacity .....

### INSURANCE AND ENTRY FEES

#### INSURANCE

ALL COMPETITORS MUST COMPLY WITH INSURANCE REQUIREMENTS OR RETURN A COMPLETED DECLARATION FORM FOR AN ENTRY TO BE ACCEPTED.

USE OWN INSURANCE    YES / NO

ABLE TO COMPLY    YES / NO

USE NES    YES / NO

DECLARATION FORM REQUIRED    YES / NO

#### ENTRY FEES

ENTRY FEE @ £55.00    £  
**N.B. after 10<sup>th</sup> August; £65**

INSURANCE @ £17.50    £  
 EMC MEMBERSHIP REQUIRED  
 YES / NO    Quantity; 1 / 2

TOTAL    £

(CHEQUES MADE PAYABLE TO **EMC PROMOTIONS LTD**)

**NAVIGATOR'S SEEDING INFORMATION; Remember the better the information the better the seeding.**

EVENT	DATE	STATUS	CLASS ENTERED	CLASS / OVERALL



## DECLARATION OF INDEMNITY

I DECLARE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO READ THE GENERAL REGULATIONS OF THE MOTOR SPORT 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 THIS 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.

I DECLARE THAT THE USE OF THE VEHICLE HEREBY ENTERED WILL BE COVERED BY INSURANCE AS REQUIRED BY LAW WHICH IS VALID FOR SUCH PART OF THIS EVENT AS SHALL TAKE PLACE ON ROADS AS DEFINED BY LAW.

ANY INDEMNITY AND/OR DECLARATION WHICH IS SIGNED BY A PERSON UNDER 18 YEARS SHALL BE COUNTERSIGNED BY THAT PERSON'S PARENT/GUARDIAN WHOSE FULL NAME AND ADDRESS SHALL BE GIVEN BELOW

Driver's Signature ..... Age If Under 18 .....

Parent/Guardian Name & Address if under 18  
.....  
.....

Relationship ..... Signature ..... Date .....

Navigator's Signature..... Age If Under 18 .....

Parent/Guardian Name & Address if under 18  
.....  
.....

Relationship..... Signature..... Date .....

Please Give Full Name & Address / Telephone Number of Next-of-Kin

Driver .....

..... Tel:.....

Navigator .....

..... Tel:.....