

# Manx Motor Racing Club

## Manx Classic 2010 Entry Form



I would like to enter:

Governor's Sprint	Thursday 22nd April 2010	£ 125	<input type="checkbox"/>
The Sloc Hillclimb	Friday 23rd April 2010	£ 125	<input type="checkbox"/>
Lhergy Frissell Hillclimb	Saturday 24th April 2010	£ 125	<input type="checkbox"/>
All three events	(saving £ 80)	£ 295	<input type="checkbox"/>

I enclose payment of £\_\_\_\_\_ (payable to Manx Motor Racing Club Ltd)

**Closing date: Saturday 20th March 2010**

Receipt of your entry will be acknowledged

**Please complete this entry form & sign the indemnification form below**

**DRIVER** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Tel. (day): \_\_\_\_\_ Tel. (eve): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Competition Licence No.: \_\_\_\_\_ Type: \_\_\_\_\_

**CAR** Make: \_\_\_\_\_ Model/Type: \_\_\_\_\_ Year: \_\_\_\_\_ CC: \_\_\_\_\_

Class Entered: \_\_\_\_\_ supercharged/ turbocharged/ rotary (delete as appropriate)

Entry shared with: \_\_\_\_\_ (if permission granted)

**ENTRANT** (if applicable) First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Tel. (day): \_\_\_\_\_ Tel. (eve): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Entrant's Licence No.: \_\_\_\_\_

**DRIVERS AND ENTRANTS MUST COMPLETE & SIGN THE INDEMNIFICATION:**

I declare that I have been given the 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 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. State your age if you are under 18 \_\_\_\_\_. I declare that 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. I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my 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.

**DRIVER**

**ENTRANT**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian signature if under 18: \_\_\_\_\_ Parent/Guardian signature if under 18: \_\_\_\_\_

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Post code: \_\_\_\_\_ Tel.: \_\_\_\_\_ Post code: \_\_\_\_\_ Tel.: \_\_\_\_\_

**CONTACT IN CASE OF ACCIDENT** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Tel. (day): \_\_\_\_\_ Tel. (eve): \_\_\_\_\_ Mobile: \_\_\_\_\_

DRIVER	ENTRANT	PAID	CHQ No	MSHIP No	CLASS	FORM COMPLETE	RECEIVED	ACK'D
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Please return this form & payment to: Bill Welden, MMRC, 58 Ballachurry Avenue, Onchan, Isle of Man IM3 4BA