

The Windsor Car Club CAR-nival Autotests

7th June 2003

Entry Form

	Entrant (National B Only)	Driver	Passenger (PCA Only)
Name			
Address			
Tel. No.			
Club			
Championships: Southern ASWMC			
Competition License No: (National B event only)			
Email Address (Optional)			
Next of Kin: Name Tel. No.			

Vehicle Details	Class Entered											
Make / Model:	A	B	C	D	E	F	G	H	I	J	K	L
Engine Size (cc):	Double Driven?											

Tick

National B Entry Fee

£15.00

Clubsport Entry Fee

£10.00

Late entry supplement

£3.00

WCC Membership

£5.00

Total Enclosed

£ _____

Please return to:

Stefan Arndt

89 Kenilworth Road

Fleet

Hants GU51 3AY

Please make cheques payable to "Windsor Car Club Ltd".

Remember to sign the indemnification overleaf

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Please sign the declaration below, complete the details above and return to the Entries Secretary with your entry fee.

Declaration of Indemnification

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and these Supplementary Regulations.

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.

	Entrant (National B Event Only)	Driver	Passenger (Clubsport Event Only)
Signed:			
Date:			
Age if under 18:			
If the entrant, driver or passenger is under 18 years of age, this form must be countersigned by the appropriate parent or guardian.			
I am the Parent/Legal Guardian/Guarantor of the above and I understand that I or my guarantor shall have the right to be present during any procedure being carried out under the General Regulations of the MSA.			
Parent or Guardian Name:			
Signed:			
Date:			
Address:			

Official Use Only

Entry Number	Date Received	Class	Membership Required