

2010 Mini Seven / Miglia Championships

EVENT ENTRY FORM

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

SECTION 1 - NOTES FOR COMPLETION

- Please ensure that all information is completed, as if you do not do so, your entry will not be accepted
- if submitting entry form electronically, please indicate signature by placing "X" in appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

SECTION 2 - DRIVER DETAILS

Driver Name	<input type="text"/>		
Driver Address	<input type="text"/>		
		Postcode	<input type="text"/>
Licence Grade	<input type="text"/>	Licence No	<input type="text"/>
		ASN	<input type="text"/>
Date of Birth	<input type="text"/>	Hometown	<input type="text"/>
Phone:	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Email address	<input type="text"/>		

Is the Driver taking any prescribed drugs or suffering from any condition which should be notified to the Medical Team Yes / No

1. I declare 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 motorsport 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. 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 speed which will be reached. 3. 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 the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration issued a licence which permits me to do so. 4. 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 / guardian / guarantor whose full names and address have been given. 5. If I am the parent / guardian / guarantor of the driver I understand that I have the right to be present during any procedure carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

Driver Signature Date

Age if under 18 any indemnity and / or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name and address is given below

Name of Parent / Guardian Signature of Parent / Guardian

Full Address

SECTION 3 - ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the first driver will be nominated as the entrant in accordance with MSA Regulation [H1.3.]

Entrant Name	<input type="text"/>		
Ent Licence No	ASN	<input type="text"/>	Representative Name <input type="text"/>
Ent Address	<input type="text"/>		
		Postcode	<input type="text"/>
Phone:	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Email address	<input type="text"/>		

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Entrant Signature Date

