



WICKFORD AUTO CLUB Ltd

Affiliated: MSA, AEMC, ACSMC, EMAMC, LCAMC.



2010 Essex Charity Stages & 2010 Trophy Rally

Sunday 4th July 2010

Sponsored by 1st Race & Rallying

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

OFFICIAL ENTRY FORM

Please complete in full and send with the correct fee to

Adele Candy
Entries Secretary
23 Merriam Close
Brantham
Manningtree
Essex, CO11 1RY

(H) 01206 396917

Please make cheques payable to: Wickford Auto Club Ltd.

PLEASE COMPLETE IN BLOCK CAPITALS

ENTRANT

Licence Number:

DRIVER

Full Name:

E-mail Address:

Postal Address:

.....

.....

Phone Numbers: (H) (M)

MSA Licence Number:

Club: In Regional Association

Championships: AEMC Y / N ACSMC Y / N ASEMC Y / N

I consent to my address details being provided for post-event contact purposes
to the official video & stills photographers for the Essex Charity Stages Y / N

CO-DRIVER

Full Name:

E-mail Address:

Postal Address:

.....

.....

Phone Numbers: (H) (M)

MSA Licence Number:

Club: In Regional Association

Championships: AEMC Y / N ACSMC Y / N ASEMC Y / N

I consent to my address details being provided for post-event contact purposes
to the official video & stills photographers for the Essex Charity Stages Y / N

Correspondence and Finals to:	Driver / Co-driver	(Circle as applicable)
General Correspondence by E-mail	Y / N	Results by E-mail Y / N

CAR DETAILS

Make: **Model:**

Registration: **Colour:**

Capacity: **No. Valves/Cylinder:**

Class Entered: A1 A2 B C D E F **Forced Induction:** Y / N

SEEDING INFORMATION (Driver's results only)

Key: G – Gravel, T – Tarmac, M – Mixed Surface, SV – Single Venue, MV – Multi Venue

	Event Name	Date	Status	Surface G/T/M	Format SV/MV	Class Entered	Overall (Posn/Out of)	Class (Posn/Out of)
1								
2								
3								
4								

INSURANCE (see Article 16.2)

Are you using your own Insurance? Y / N **JLT/Chaucer?** Y / N

If using your own insurance, please state:

The Insurance Company

Their Address

.....

.....

Your Policy Number

FEES

Event Entry Fee (inclusive of contribution to Marshals' Food Fund)	£210
Reduction for Entry with Full Payment by 12 th June @ £10	
Reduction for both crew being WAC Members at 1/4/10 @ £10	
JLT/Chaucer Insurance Fee @ £20* (if applicable)	
New 6 month WAC Membership @ £5 per person (if applicable)	
Donation to Essex Air Ambulance	
TOTAL HEREWITH	

Please make all cheques payable to "**Wickford Auto Club Ltd.**"

* may be subject to change by Chaucer – any notification of changes will be in Final Instructions

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 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.

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.

I declare that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.

Entrant's Signature

Driver's Signature Age if under 18

Co-Driver's Signature Age if under 18

Any indemnity and/or declaration as prescribed above which is signed by a person who has not reached his 18th birthday, shall be countersigned by that person's parent or guardian, whose full name and address will be given.

I am the Parent/Guardian/Guarantor of the driver/co-driver. I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. 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 up to the maxima set out in Part 3 Appendix 1.

Parent/Guardian of Driver/Co-Driver Relationship

This entry is made with my consent: **Signature**

Address:
.....
.....

Driver's Next of Kin:

Name: **Phone No:**

Address:
.....
.....

Co-Driver's Next of Kin:

Name: **Phone No.**

Address:
.....
.....