

500 OWNERS ASSOCIATION LIMITED

WISCOMBE PARK HILL CLIMB

7th May 2016

ENTRY FORM

Please use a separate entry form for each car/driver

If entrant and driver are the same only the driver section need be completed

DRIVER	ENTRANT (If different from the driver)
Name:	Name:
Address:	Address:
Tel. No.	Tel. No.
Driver's licence No.	Entrant's .
& Category:	Licence No

PLEASE STATE YOUR AGE IF YOU ARE UNDER 18: _____

Club: _____

Class entered: _____

Make of car: _____

Engine capacity: _____

Make of engine: _____

Year of manufacture: _____

Best time at Wiscombe in this car: _____

Will the car be running on pump fuel? YES/NO

Has the driver ever held a valid Road Traffic Licence? YES/NO

If the car is shared please nominate driver to compete in class order:

If the entrant or driver is under 18 this form must be countersigned by the appropriate parent or guardian.

I confirm that this entry is made with my consent.

Signature: _____ Date: _____

PLEASE TURN OVER

THE FOLLOWING INDEMNITY IS TO BE SIGNED BY THE ENTRANT
AND/OR THE DRIVER

- A. 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 of 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 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 promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.
My age is: _____ If applicable state "over 18 years".
- B. 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 road worthy for the event having regard to the course and the speeds which will be reached.
- C. I understand that should I, at the time of this event, be suffering from any disability whether permanent or temporary which is likely to effect 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: _____

Date: _____

Date: _____

Please give below the name and address of the person to be contacted in case of a serious accident.

Name: _____ Telephone: _____

Address: _____

The completed form together with the entry fee is to be sent to Carol Foster the Secretary of the meeting before the closing date of the 8th April 2016
cheques payable to the "500 Owners Association Ltd.". Entry Fee. £95.00
The inclusion of three self addressed sticky labels would be much appreciated.

Carol Foster, Lower Bucehayes, Post Lane, Cotleigh, Honiton, EX14 9HZ.