KEITH PATTISON MEMORIAL SPRINT

Bank Holiday Monday 30th May 2016

ENTRY FORM. Please type or print clearly

YMC/HMC use only:
Ack. Ref:
Date:
Comp. No.

ENTRANT'S DETAILS	COMP. LICENCE NO.
NAME	and category
ADDRESS & POSTCODE	
TEL. NO. DAY	TEL. NO. EVENING
EMAIL	
DRIVER'S DETAILS	COMP. LICENCE NO.
NAME	and category
ADDRESS & POSTCODE	
	
TEL. NO. DAY	TEL. NO. EVENING
EMAIL:	
CLUB.	
MAKE OF CAR	MODEL
ENGINE CAPACITY	REG. NO.
TURBO/SUPERCHARGER: Yes / No	DETAIL MODIFICATIONS:
(Delete as necessary)	
Cars with turbo / superchargers will have their engine	
capacity increased by x 1.4	
CLASS ENTERED	CAR SHARED WITH:
(Please ensure Class Eligibility)	
CHAMPIONSHIP	SERVICE VEHICLE REQUIRED IN PADDOCK?
	Yes / No (Delete as necessary)

Please email the completed entry form & Declaration (signatures accepted typed) or post to : Entries Secretary, Linda & Stuart Cariss, Doon Court House, Main Street, Hessay, York. YO26 8JR.

Email: <u>linartdch@btinternet.com</u>

Please pay the entry fee of £110 by BACS transfer direct to our account : HSBC sort code 40-47-31 account number 11169505 using your name as reference.

Or post your cheque payable to York Motor Club Ltd with your Entry Form & Declaration

Please sign the indemnification declaration below.

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 competition and the potential risk inherent in 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:	
My age is	
ENTRANT'S SIGNATURE	Date
DRIVER'S SIGNATURE	Date
If an entrant or driver is under 18 details belentrant or driver and countersigned: THIS ENTRY IS MADE WITH MY CONSEN	ow must be completed by the parent/guardian of the
Parent or guardian of entrant / driver:	CONTACT PERSON IN CASE OF SERIOUS ACCIDENT:
NAME:	NAME:
ADDRESS	ADDRESS
TELEPHONE	TELEPHONE
SIGNATURE	_

DATE

DATE