

THE HALVANA PLANTATION GRAVEL SPRINT 2006

8th October 2006 Entry Form

ENTRANT

NO ENTRANTS NAME WILL BE CREDITED ON ANY OFFICIAL FORM UNLESS THE MSA LICENCE NUMBER IS QUOTED

FULL NAME
ADDRESS

TEL NO.

POSTCODE
1ST DRIVER

MSA LICENCE NO

FULL NAME
ADDRESS

TEL NO.

POSTCODE
CLUB
2ND DRIVER*

MSA LICENCE NO
CATEGORY

FULL NAME
ADDRESS

TEL NO.

POSTCODE
CLUB
VEHICLE

MSA LICENCE NO
CATEGORY

PREFERED SCRUTINEERING TIME 16:00 16:30 17:00 17:30 18:00 18:30 19:00

MAKE	MODEL	REG NO
COLOUR	ENGINE CC	RAC LOG BOOK NO
4 WHEEL DRIVE Y/N	TURBO-CHARGED Y/N	CLASS ENTERED
		SOUTH HAMS MC Y/N

SEEDING INFORMATION

I AM /WE ARE* WILLING TO BE A RESERVE(S) Y / N

PLEASE INDICATE DRIVERS BEST PERFORMANCE ON STAGE RALLIES DURING THE PAST 3 YEARS.

NB THIS WILL BE CHECKED.

1 ST DRIVER EVENT	STATUS	YEAR	START NO	F/T/M/S OVERALL	CLASS
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2 ND DRIVER EVENT	STATUS	YEAR	START NO	F/T/M/S OVERALL	CLASS
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1 TYPE- ALL FOREST- F TARMAC-T MIXED- M SINGLE VENUE-S

ENTRY FEES

I ENCLOSE CHEQUE NO

PAYABLE TO SOUTH HAMS MOTOR CLUB LTD

SINGLE ENTRY FEE £189 £

Entries secretary:

* SHARED ENTRY FEE £349 £

Andrew Ballantyne

SHMC MEMBERSHIP £10 £

8 Copland Meadows

Totnes

TOTAL ENCLOSED £

TQ9 6ER

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INDEMNIFICATION

I have read the supplementary regulations issued for this event and agree to be bound by them and the General Regulations of the Motor Sports Association. In consideration of the acceptance of this and my being able to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the Motor Sports Association, such person, Persons, or body as may be authorized by the Motor Sports Association to promote or organize this event and their respective officials, servants and agents together with other Competitors and their respective Officials, Servants and Agents, from and against all actions, claims, costs, expenses and demands in respect of Death or of Injury to or Damage to the property of myself, my Driver(s), Passenger(s), Mechanics(s), or associated personnel, arising out of or in connection with this entry or my taking part in this event. **STATE YOUR AGE IF UNDER 18**

I understand that should I at the time of the 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.

ENTRANTS
SIGNATURE

Age _____

MSA Licence No. _____

1ST DRIVERS
SIGNATURE

Age _____

MSA Licence No. _____

& CATEGORY

2nd DRIVERS
SIGNATURE

Age _____

MSA Licence No. _____

& CATEGORY

Any indemnity and/or declaration as prescribed above which is signed by a person under the age of 18 years must be countersigned by that persons parent/guardian.

This entry is made with my consent

Parent/ guardian of Entrant 1st Driver 2nd Driver*

Name

Address

Signature

Date

Next of Kin information

PLEASE COMPLETE FOR BOTH CREW MEMBERS, THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON TO BE CONTACTED IN CASE OF A SERIOUS ACCIDENT.

1st Driver 2nd Driver*

FULL NAME

ADDRESS

TELEPHONE NO

* COMPLETE ONLY IF VEHICLE IS TO BE SHARED