CARR CUP TESTING TRIAL CARS

|  |  |  |  |
| --- | --- | --- | --- |
| Date | 21/7/2024 | Event | Carr Cup |
| Driver Name |  | Driver |  |
| Address |  | Membership No |  |
|  | Passenger Club |  |
| Postcode |  | Club Membership No |  |
| Email |  | BTRDA No |  |
| Phone home |  | ASWMC No |  |
| Phone work |  | Driver MSUK No |  |
|  |  | Passenger MSUK No |  |
| Class | a/b/c | Class entered |  |
| Passenger Name |  | Car Type |  |
| Address |  | Capacity |  |
|  |  |  |
| PostCode |  |  |  |
| Email |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Please complete all sections***

**INDEMNIFICATION & DECLARATIONS**.

Held under the General Regulations of Motor Sport UK (incorporating the provisions of the International Sporting Code of the FIA) hereafter referred to as the MS UK.

I declare that I have been given the opportunity to read the General Regulations of the MS UK and 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 with motor sport and agree to accept that risk.

Further, I understand that all persons having any connection with the promotion and/or organization and/or conduct of the event are insured against loss or injury caused through their negligence.

I declare that my car is fitted with a free and uninterrupted differential and no limited slip device is fitted.

|  |  |  |
| --- | --- | --- |
| Driver’s Age |  | To Pay |
| Entry Fee | £22.00(£10) |  |
| Annual Membership Fee | £12.00 |  |
| Passenger Membership Fee | £2.50 |  |
| Total |  |  |

**Payment by Cheque**

Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd.

**Payment by Bacs:**

Account name : Launceston &North Cornwall Motor Club Ltd

Account number : 58398300

Sort Code: 09-01-51

REF: Carr Cup TT/ your initial& surname

Please send a fully completed & signed form (including passenger details) to:

**Lisa Gregory,3 Trevoya Park,Boyton,Launceston ,PL159TP**

**Phone 01566 7770983 or 07859929696**

**Email** [**lolly.lisa@btinternet.com**](mailto:lolly.lisa@btinternet.com)

**Entries close on Wednesday 17 July 2024**

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|  |  |
| --- | --- |
| Driver’s Signature |  |
| Age (if under 18) |  |
| Passenger’s Signature |  |
| Age (if under 18) |  |

**Young Drivers & Passengers**

If the driver or passenger is under 18 years of age, the Parent/guardian must read the following declaration and sign below.

**NOTE: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor.**

**Please complete below if driver or passenger is under 18 years.**

As the Parent/Guardian of the driver/passenger ,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 & the General regulations of Motor Sport UK.

As the Parent/Guardian, I confirm that I have acquainted myself & the minor with the Motor Sport UK General Regulations, agree to pay any appropriate charges & fees pursuant to these regulations & hereby agree to be bound by those regulations & submit myself without reserve to the consequences resulting from these regulations. Further, I agree to pay as liquidated damages any fines imposed upon me up to the maximum set out in Part3 Appendix1.

THIS ENTRY IS MADE WITH MY CONSENT

|  |  |
| --- | --- |
| Name of Parent or Guardian of driver or passenger\* |  |
| Address |  |
| Postcode |  |
| Signature of Parent or Guardian |  |

**Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
|  | Contact | Phone |
| Driver |  |  |
| Passenger |  |  |

**Data Protection**

I hereby consent to the club retaining data for internal administration purposes.

Full privacy policy is set out on the website.

Delete as appropriate

Y/N