

FELL SIDE AUTO CLUB LTD
NORTHERN CLASSIC TRIAL - SATURDAY 23rd FEBRUARY 2019
ENTRY FORM - CARS

Driver's Full Name:.....**Address:**.....

Tel No(s):..... Club:.....

MSA Competition Licence No** ACTC Championship No

Passenger's Full Name:.....**Address:**.....

..... Tel No(s).....

Club:.....Require FSAC Passenger Membership? Yes/No

ACTC Championship No.

Make of Vehicle:..... Model:..... Class:.....

Registration No:..... Engine Cap:.....cc. Year Reg:.....

Make, size and type of tyres: Front wheels.....

Rear wheels.....

Is your vehicle fitted with a limited slip or any other traction control device? Yes/No

Your email address for Final Instructions & Results:

LOCKTON RTA INSURANCE IS COMPULSORY. (See regs and below)

Which are you entering? National B or Clubmans (delete which one does not apply)

I enclose:

Entry fee (inc RTA Ins): (£48.00 non FSAC members, £45.00 FSAC members) £

Fell Side Auto Club membership £15.00 (separate form) £

Meals at finish (separate form) £

Payment:-

Cheque(s) payable to 'Fell Side Auto Club Ltd' £

Plus one C5 (9"x6") SAE First Class (if not providing an email address)

Note: The Declaration on reverse of this form must be signed.

** The MSA Penalty for non-production of licence is £72 (as at 18 Dec 2018)

DECLARATION OF INDEMNITY

I have read the supplementary regulations issued for this event & agree to be bound by them and by the General Regulations of the Motor Sports Association Limited (ACU Standing Regulations for motorcycle competitors). 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 connection with the promotion and /or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

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 part on the roads and defined by the law.

Under the provision of the Data Protection Act 1985, Fell Side Auto Club requires your permission to hold the information on this entry form on a computer for the purpose of producing address lists, results and other such data for running the trial. Your signature below gives the organisers the right to enter this information into a computer, it will not be shared with any other organisation.

SIGNED (DRIVER/RIDER) *..... DATE

SIGNED (PASSENGER) *..... DATE

*** THIS ENTRY FORM IS INVALID UNLESS SIGNED BY ALL PARTICIPANTS ABOVE.**

State your age if under 18yrs

Driver:.....Passenger:.....

PLEASE NOTE:

If driver or passenger is under 18 years of age the following **MUST** be completed by the person's parent or guardian

**I DECLARE THAT I AM THE PARENT/GUARDIAN OF THE DRIVER/PASSENGER
(delete as applicable)**

PARENT/GUARDIAN

SIGNATURE..... DATE:.....

ADDRESS:.....

.....POSTCODE:.....

RELATIVE OR FRIEND TO BE INFORMED IN THE CASE OF A SERIOUS ACCIDENT:-

Name:Tel No:.....

Address:.....

ARE YOU ORDERING MEALS (SEE SEPARATE FORM)? YES/NO

**THIS FORM MUST BE SIGNED ABOVE WHERE INDICATED * AND POSTED WITH
YOUR PAYMENT TO:-**

**Mr David Sharp, 3 Albemarle Street, Cockermouth CA13 0BG
Tel: 01900 828207, Email sharp1966@hotmail.com**