

Inaugural Sidevalve Trial 16/3/2014- Golden Valley Historic LCC

DRIVER	PASSENGER
First Name	First Name
Surname	Surname
Address	Address
Town	Town
County	County
Postcode	Postcode
Mobile:	Mobile:
Landline:	Landline:
E mail	E mail
Club Name & Membership number	
Make of Car	
Class Entered (See Vehicle Eligibility Regs)	
Engine Capacity	
Size of rear wheels	
Make and size of rear tyres	
MSA Comp Licence Number	
Signature of Driver	Signature of Passenger
Age if under 18	Age if under 18
Signature of Parent if under 18	Signature of parent if under 18
Are you Double driving this car... YES/NO	With whom?

I have read the supplementary Regulations issued for this event and agree to be bound by them and the general regulations of me RAC Motors Sports Association Ltd. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on publicly adopted road, I agree to save harmless and keep indemnified the RAC Motor sports Association Ltd. Such Person, persons or body as may be authorised by the RAC Motor Sports Association Ltd. To promote or to organise this event and their respective officials, representatives and other agents together with other competitors and their respective servants or agents or agents from and against all actions, claims, costs, expenses and demands in respect of death or injury to or damage to the property of myself, my driver(s) Passengers) mechanics) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

Person to be notified in the event of an accident

DRIVER	PASSENGER
Name	Name
Address	Address
County	County
Telephone Number	Telephone number

PLEASE RETURN COMPLETED FORM to: Julie D Short, 51 Nursery Drive, Brimscombe, Glos, GL5 2RL with cheque for £25.00 made out to "Golden Valley MCC"