



Cannon Trophy Historic Sporting Trial
Venue: Fairhurst Estate, Donnington, near Newbury, Berkshire RG14 3AP
Entry Form
DATE: 10th January 2015

DRIVER	PASSENGER
First Name	First Name
Surname	Surname
Address	Address
Town	Town
County	County
Postcode	Postcode
Mobile: Landline:	Mobile: Landline:
E-mail	E mail
Club Name & Membership number	
Make of Car	
Registration Number (if applicable)	
Class Entered (See Vehicle Regulations)	
Engine Capacity	
Size of rear wheels	
Make and size of rear tyres	
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?

Please complete and sign page 2

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I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit and competent to take part in the event. I understand that motorsport is dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks.

In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event. Nothing in this clause is intended or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in the Event.

I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.

SIGNATURES: This entry form is not valid unless the driver has signed below.

Driver	Date:
Passenger	Date:

Person to be notified in the event of an accident

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

Please return **BOTH PAGES** of the COMPLETED form to:

Mrs Daphne Halliday, Goldfinch Cottage, Sedgwick Lane, Sedgwick, Horsham, West Sussex RH13 6QE.

together with a cheque for £35 made payable to: sportingtrials.com

MEAL IN PUB after trial:

Number of persons: _____

To help catering please indicate number of meals:-

Newbury sausage and mash	
Chicken, ham and mushroom pie	
Sundried tomato & mozzarella gnocchi	
Followed, if required, by	
Chocolate tart, crème fraiche	
Apple crumble, custard	
Cranberry bread and butter pudding	