



(Please complete electronically where possible, alternatively complete in BLOCK CAPITALS)

Drivers Details

Full Name: _____
 Address: _____

 Postcode: _____
 Telephone: Home: _____ Mobile: _____
 Email: _____
 Competition Licence No: _____ Grade: _____
 BTRDA Membership No: _____
 Invited Club: _____ M'Ship No: _____

Entrants Details (If different to the driver)

Full Name: _____
 Address: _____

 Postcode: _____
 Telephone: Home: _____ Mobile: _____
 Email: _____
 Competition Licence No: _____ Grade: _____

Parent / Guardian Details (if Driver under 18)

Full Name: _____
 Address: _____

 Postcode: _____
 Telephone: Home: _____ Mobile: _____
 Relationship: _____

All Drivers – Please provide the Name, Address and Telephone number of a relative or friend who can be contacted in case of a serious accident.

Full Name: _____
 Address: _____

 Postcode: _____
 Telephone: Home: _____ Mobile: _____

Car Details

Class	(✓)	Make	Model	Engine CC
Clubman 4 x 4, Production 4 x 4	<input type="checkbox"/>			
Super Modified & BMW Mini	<input type="checkbox"/>			
Production	<input type="checkbox"/>			
Historic & Classic Mini	<input type="checkbox"/>			
Autocross 2wd	<input type="checkbox"/>			
Juniors	<input type="checkbox"/>			
Race No :		Transponder No:		
Sponsor :				



Payment Details : (✓)	Championship Entry (£240.00) <input type="checkbox"/>	CKMC,CCC & European Entry (£200.00) <input type="checkbox"/>
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Method	(✓)	Details
Bank Transfer	<input type="checkbox"/>	Account: 20637041 Sort: 20-25-29 (Preferred Method)
Cheque	<input type="checkbox"/>	Make Payable to "DDMC"
Credit / Debit Card	<input type="checkbox"/>	Will incur a 3% surcharge (please complete below)

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid From:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Expiry Date:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Security Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signed: _____ Date: _____

Please send completed form and payment to:

Craig Hope, 10 Sudburn Ave, Staindrop, Darlington, Co. Durham. DL2 3JX
Email: cars.ddmc@gmail.com

Please complete the declaration below:

GENERAL DECLARATION FOR COMPLETION BY ALL ENTRANTS AND DRIVERS

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare 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 of injury caused through their negligence.

DECLARATION TO BE COMPLETED BY ENTRANTS AND DRIVER/ENTRANTS:

I declare to the best of my belief the Driver possesses 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.

Signed: _____ Date: _____

State your age if under 18:

DECLARATION TO BE COMPLETED BY DRIVERS:

I understand that should I at the time of this 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. I undertake that at the time of the event this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

Signed: _____ Date: _____

State your age if under 18 :

PARENT OR GUARDIAN:

If I am the Parent/Guardian/Guarantor of the driver 'I confirm understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA'. As the Parent/Guardian/Guarantor 'I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alterations thereto). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Section Z'. The ENTRANT/DRIVER (delete as necessary) is under 18 years of age and this entry is made with my consent.

Signed: _____ Date: _____

Note: If you are e-mailing the form back, wherever it asks for a "signature" please type your name