

The Revolution Wheels
S.A. Gas Engineering / RalliTrak
Premier Rally & Premier Historic Rally
Saturday 21st November 2009

Ref No		Start No	
Rec'd		Ack'd	

Entrant / Sponsor (for Entry list)

Organised by Dukeries Motor Club Ltd

Name:		Licence No: (if applicable):	
Address:			
Postcode:		Tel No:	

Driver

Co - Driver

Name:		Name:	
Address:			
Postcode:		Postcode:	
E-Mail:		E-Mail:	
Home Tel No:		Home Tel No:	
Mobile No:		Mobile No:	
Motor Club		Motor Club	
Comp Licence No:		Comp Licence No:	
Correspondence To (Insert 'Y')	Driver	Co-Driver	

(If blank then correspondence will be sent to Co-driver)

Acknowledgement via:	E-mail		Post	
Results via:	E-mail		Post	

Please insert 'Y' in one box

Please insert 'Y' in one box

Championship Eligibility

	Driver	Co-Driver
Competition Car Insurance EMAMC		
Roadrunner/Phoenix Awards ANEMMC		
Ward Construction AEMC		
Motoscope Northern HRCR		
Dukeries MC Member		

Please insert 'Y' in box (s) - if blank we assume NO

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Club Team Challenge

Motor Club

Driver 1		
Driver 2		
Driver 3		

Car Details

Make / Model:		Forced Induction:	
Cubic Capacity(cc):		Four Wheel Drive:	
Colour (s):		Registration no:	
Class (See SR 6)		Historic Classes Date of Reg:	

Please insert 'Y' in box

Please insert 'Y' in box

Seeding Information (Last 3 years Driver only)

Year	Grade	Overall Position	Class Position

Insurance (See SR 20)

I will be using the Lockton Scheme	
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Please insert 'Y' in box - if blank we assume NO

If you have your own insurance cover for the event

Please supply the following information. (This is an MSA requirement)

Name of Ins. Agent:		Name of Ins. Company:	
Address:			
e.g. Competition Car Ins. David Auden Assoc.etc	e.g. Chaucer, St. Pauls, Norwich Union etc.		

FEES

Entry Fee for all Classes	£350		Please insert amounts in boxes
Auxiliary Pack (must be ordered with entry)	£20		
Standard Locktons Insurance Premium	£27.30		
Dukeries MC Membership (till Dec 31 2010)	£12 each		
Total £		£0	
Please insert total amount here if not electronic entry - Total £			
Cheques Payable to : Dukeries Motor Club Ltd			Completed form and payment to: Mrs Joanne Smith 12 Breckbank, Forest Town Mansfield Notts NG19 0PZ

The Premier and Premier Historic Rally 2009 - Entry Form - Indemnification

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association 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 the competition and the potential risk inherent with motor sport, and agree to accept the risk. Further I understand that all persons having any 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 the event as shall take place on roads as defined by the law.

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.

Date: _____

Sign Entrant: _____

Sign Driver: _____

Sign Co-Driver: _____

Age (if under 18 years): _____

Age (if under 18 years): _____

IF SENDING THIS FORM BY EMAIL SIGNED PAPER COPY MUST BE SENT WITH PAYMENT

Persons to be informed in case of accident

Driver

Co-Driver

Name:		Name:	
Address:		Address:	
Tel:		Tel:	
Mobile:		Mobile:	

Any indemnity and/or declaration which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian whose full name and address shall be given. (below)

THIS ENTRY IS MADE WITH MY CONSENT

Signed _____ Date _____
 Parent / Guardian of the Driver / Co-Driver (delete as applicable)

Full Name	
Address	
Tel No:	

Press Information
