

Please send to: Mrs M HARLAND, 10 YORK FIELDS, BARNOLDSWICK, LANCS BB18 5DA

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NW 10 / 03 – ANG31070108

Particulars of Entry

Drivers Name: _____
Driver Address: _____

Postcode: _____
Tel: (Day) _____ (Evening) _____ E-mail: _____
Drivers Home Town / Country: _____
Comp Licence No: _____ Grade: _____ BARC Membership No _____
Does Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES / NO

Name and address of relative or person to be notified in the event of a serious accident.
Name: _____ Relationship: _____
Address: _____
Telephone: (Day) _____ (Evening) _____

Entrant/Sponsor/Team Name: _____
Entrant Address: _____

Postcode _____
Ticket Address: _____
(if different from above) _____
Postcode _____
Event (Race) Entered: _____
Particulars of Car: Make: _____ Model: _____
cc: _____ Year: _____ Championship Class : _____ Racing (Car) No. _____ MST Transponder Number _____
Drivers licence to be signed for upgrade: YES / NO Has driver competed at this circuit before: YES / NO

Do you wish to make a donation to the 'Marshals Fund' ? YES / NO Confirm amount donated £ _____
(If so and paying by cheque, please include in your cheque value and make cheques payable to BARC Ltd)

NOTE: ALL SECTIONS OF THIS ENTRY FORM MUST BE COMPLETED CLEARLY OR ENTRY WILL BE REFUSED

GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS:

I DECLARE THAT:

1. I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regs 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 in motorsport and agree to accept that 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.
2. 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.
3. 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.
4. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.
5. If I am the Parent/Guardian/Guarantor of the driver I understand that I 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.

State age here if under 18 AGE: _____ Parent/Guardian/Guarantor Signature _____

Drivers Signature: _____ Date: _____

PLEASE NOTE:

IT IS NOT POSSIBLE TO PAY FOR THIS ENTRY BY SENDING US YOUR CREDIT CARD DETAILS IN WRITING.

PLEASE EITHER SEND A CHEQUE, PAYABLE TO "BARC North West" OR

**GO TO www.barc.net AND REGISTER YOURSELF AND THEN ENTER 'ON-LINE' USING THE
WORLDPAY SECURE PAYMENT SYSTEM**