



MSA SPRINT ENTRY FORM

DATE OF MEETING:

ENTRY FEE
£50 Members / £60 Non Members

'Held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations'

Drivers Name		BM Club No. or Club	
Address			
Contact Phone No.		Competition Licence No.	
E-mail Address			
All entries (except for phone entries) will receive a confirmation by e-mail unless written confirmation is requested			
Chassis Type		Engine Type	
Race No. & Tick if Novice		Transponder No. Or Write Hire (£10)	

Please tick/circle the class you wish to enter															
Honda Cadet Clubman	<input type="checkbox"/>	Honda Cadet	<input type="checkbox"/>	WTP Cadet	<input type="checkbox"/>	Junior TKM	<input type="checkbox"/>	2	<input type="checkbox"/>	4	Senior TKM	<input type="checkbox"/>	2	<input type="checkbox"/>	4
Minimax	<input type="checkbox"/>	Junior Rotax	<input type="checkbox"/>	Senior Rotax	<input type="checkbox"/>	Other:									

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 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 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.

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

I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to effect prejudicially my normal control of the 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 event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.(E.2.9)

My Age Is (If under 18)	<input type="text"/>	Signature	<input type="text"/>
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Any entry that is signed by a person under 18 years must be countersigned by that persons parent/guardian whose full name and address must also be given. If the parent/guardian is not at the meeting with an under 18 driver, then the person running the driver must have written authority from the parent/guardian to act on his/her behalf. If I am the Parent/Guardian/Guarantor of the driver 'I 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 alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Section Z'. By countersigning as parent/guardian/guarantor I agree that I have no objection to still or moving images being taken of the driver while undertaking their sporting activity.

Name of Parent/ Guardian/Guarantor		Signature	
Address			
Next of Kin (in case of serious injury)		Contact Phone No.	

Closing date is **Wednesday at Noon** preceding the event. Late entries will be subject to a £10 surcharge.

Please make cheques payable to Bayford Meadows, or, I authorise you to debit my Credit/Debit card:

Card No	<input type="text"/>	Signature	<input type="text"/>
Start Date	<input type="text"/>	Expiry Date	<input type="text"/>
		Security No.	<input type="text"/>

Send entries to BMKC, Symmonds Drive, Eurolink Ind. Est., Sittingbourne, Kent. ME10 3RY.

BMKC Ltd, Symmonds Drive, Eurolink Ind Est, Sittingbourne, Kent. ME10 3RY. Tel: 01795 410707 Fax: 01795 423814