

**Eastbourne & Ram Motor Club Limited
Autumn Autotest - Sunday 07 October 2018**

Official Entry Form

Driver/Entrant _____ Licence No. _____

Address _____

Contact Tel No. _____

Email Address _____

Club _____

Vehicle Make _____ Model _____ Year _____

Registration No. _____ Engine Capacity _____

Category Clubman / Production (Class J only) (Delete as necessary)

Class Entered _____ Novice (see regulations) YES / NO (delete as necessary)

Southern Autotest Championship Contender YES / NO (*delete as necessary*)

Name and address and phone number of person (s) to be contacted in the event of an accident.

I enclose a cheque to the value of £_____ payable to Eastbourne & Ram Motor Club Ltd.

Please send this form (fully completed) and the declaration to the Secretary of the Meeting.

Mr Ian Pinder.
21 Astaire Avenue
Eastbourne
East Sussex
BN22 8UN

0787 9072374
ianpinder@gmail.com

Declaration of Indemnity

I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Regulations of the Motor Sport Association. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on publicly adopted road. I agree to save harmless and keep indemnified the Motor Sport Association, such person, persons or body as may be authorised by the Motor Sport Association to promote or organise this event and their respective officials, servants, representatives and agents together with other competitors and their respective servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death of or injury to or damage to the property of myself, my Driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

State your age if under 18 _____

I declare the particulars given on the entry form are a true record. I enclose the appropriate entry fee in accordance with the ASRs.

Signature (Driver) _____ Date _____

If driver is under the age of 18 a parent or guardian must countersign this form.

Signature (Parent/Guardian) _____ Date _____

Address _____

