



D&DMC Championship Race Weekend

Saturday & Sunday 16th & 17th May 2009
Croft Circuit

Scottish MRC XR2 Championship Entry Form

Drivers Name				
Home Address				
				Post Code
Telephone Number	Business	Mobile	Fax	
Drivers Competition Licence Number		Drivers Club and Membership Number		
Licence Grade	National B	National A	International	Tick appropriate box
Entrant		Entrant Licence Number and Grade		
Address				
				Post Code
Telephone Number	Business	Mobile	Fax	
Make of Car		Type/Model		
Engine Make/Tuner		cc	Transponder Number	
I wish to enter race for SCOTTISH MRC XR2 Championship	Class if applicable		Permanent Race Number	
Entry Fee Double Header £295 cash/cheque/debit card £310 credit card			Has the driver raced before YES/NO*	
Licence to be signed for upgrade YES/NO*			At this Circuit YES/NO*	
Refunds payable to:				

PLEASE COMPLETE REVERSE SIDE

DDMC Entry Form Croft May 16 / 17 th

Declaration

I have read the Standard Race Regulations and Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the MSA. In consideration of the acceptance of this entry and of my being permitted to take part in the event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the MSA, such Person, Persons or Body as may be authorised by the MSA 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 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.

My age is _____ **(state your age if under 18)**

I declare that 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. 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 to which this entry relates I shall have passed the ASN specified Medical Examination within the specified period.²

Drivers Signature		Entrants Signature	
I enclose a cheque, made payable to D & DMC Ltd for £ _____.			

Card No.					Valid From	Valid To
Name on Card		Security Number (3 digits)	Issue number	Card type Credit/Debit		
E mail address for receipt;						

Please complete name and address of a relative or friend in the event of a serious accident

Name _____
 Telephone _____
 Address _____

IMPORTANT: Any indemnity and/or declaration as prescribed by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parent or guardian whose full name & address shall be given below:

Name of Parent/Guardian _____
 Signature _____
 Address _____

For Official Use Only				
Date Received		Acknowledged		
Cheque Number				

Return this form and entry fee to:
Mr S Gibson, 99 Windsor Road, Stockton on Tees, TS18 4DZ