



2011 MDA Edwardes Bros Clubmans Rallycross Championship



PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

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

SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Postcode

Licence Grade Licence No ASN

Championship Entering MDA BTRDA CDMC

Date of Birth Club Mem No Home Town

Phone: Home Work Mobile

Email Address

Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team

SECTION 2 – VEHICLE DETAILS

Car Number Make of Car

Type/Model cc

Transponder No Forced Induction?

Super Modified Stock Hatch Mini Cross Junior

Sponsor Details

SECTION 3 – EVENT DETAILS – Entry Closing Date is 1 weeks prior to the Event, Late entries will automatically incur a £15 late entry fee

		Entry Fee	Tick to Enter
Sunday 19 th June	Blyton	£175	<input type="text"/>
Sunday 31 st July	Blyton – Dominic Yates Memorial	£175	<input type="text"/>
Sunday 14 th August	Blyton	£175	<input type="text"/>
Total			<input type="text"/>

1: 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. 2: 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 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: 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 Part 3, Appendix 1

Driver Signature X Date

Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian Signature of Parent/Guardian

Full Address

Please return completed Entry form to
Sonya Wakeling, c/o Revivals, Lodge Road, Thriplow, Royston SG8 7RN

SECTION 4 – NEXT OF KIN

Name and Address of Relative to be Notified in the Event of a Serious Accident

Name	<input type="text"/>	Relationship	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>				

SECTION 5 – ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1st Driver will be nominated as the Entrant in accordance with MSA Regulation [C(a)3]

Entrant Name	<input type="text"/>				
Entrants Licence No	<input type="text"/>	ASN	<input type="text"/>	Representative Name	<input type="text"/>
Entrant Address	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Phone: Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email Address	<input type="text"/>				

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Entrant Signature	<input type="text"/>	Date	<input type="text"/>	
Age if Under 18	<input type="checkbox"/>	Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below		
Name of Parent/Guardian	<input type="text"/>	Signature of Parent/Guardian	<input type="text"/>	
Full Address	<input type="text"/>			

SECTION 6 – PAYMENT DETAILS

Cheques to be made payable to: **Minicross Drivers Association Limited**

SECTION 7 – NOTES FOR COMPLETION

- Please ensure that all information is completed as if you do not do so your entry will not be accepted
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry
- Please enclose a 1st class stamped addressed envelope.

SECTION 8 – FOR MDA OFFICAL USE ONLY

Date Received	<input type="text"/>		
Entry Fee Paid	<input type="text"/>	Date	<input type="text"/>