

THE ILKLEY CLASSIC TRIAL - SUNDAY 16 MAY 2010

ENTRY FORM

DRIVER / RIDER Name:

Address

email (please print)

Tel No.

Club

For Car classes 1 to 8 state MSA Competition Licence No.
For Motorcycle classes A to D state ACU Membership No.

PASSENGER Name:

For Car classes 1 to 8 state EITHER the name of Invited club of which you are a member OR whether you hold an ACTC passenger licence
For Motorcycle class D state ACU Membership No.

VEHICLE Make Model Year registered

Engine capacity Registration No. Class

Is the vehicle fitted with a limited slip differential or any other traction control device? (please circle) Yes / No

DETAILS OF FRONT TYRE(S)			DETAILS OF REAR TYRE(S)		
Make	Type	Size	Make	Type	Size

INSURANCE - See Regulation 10

Are you arranging your own insurance cover? (please circle) Yes / No

If Yes, please state name and address of own insurer and your Policy Number:

If you are not arranging your own insurance you will require Lockton insurance.
If so, do you comply with all the points listed at Regulation 10.3? (please circle) Yes / No

(If Yes, you do NOT require a Declaration Form. If No, you do require a Declaration Form)

LOCKTON INSURANCE	Cars £ 13.50 Motorcycles £ 9.50 or if not required £ Nil	£
ENTRY FEE	Cars £ 36 Motorcycles £ 28	£
IDMC MEMBERSHIP Please also enclose membership application form - see inside back cover of Regulations	Single £ 12 Family £ 16 or if not required £ Nil	£
CAMPING AT ILKLEY RUGBY CLUB	£8 per vehicle	£

TOTAL PAYMENT ENCLOSED £

Cheques payable to Ilkley & District Motor Club Limited

Please post entry form and cheque payable to Ilkley & District Motor Club Limited to:-
Mrs Jane Tindall, 9, The Haywain, Lower Constable Road, Ilkley LS29 8SL

PLEASE ALSO COMPLETE THE INDEMNITY AND EMERGENCY CONTACT DETAILS OVERLEAF

ANY QUESTIONS?

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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 Sports Association Limited and/or Auto Cycle Union. 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 competition and the potential risk inherent with motor sport and agree to accept that risk. Further, I understand that all persons having 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 that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take part on roads as defined by the law.

Under the provision of the Data Protection Act 1985, the Ilkley and District Motor Club Limited requires your permission to hold the information on this entry form on a computer for the purpose of producing address lists, results and other such data for running the trial. Your signature below gives the organisers the right to enter this information into a computer.

Signed (Driver/Rider)	Signed (Passenger)
Age (If under 18)	Age (If under 18)
Date	Date
PARENT OR GUARDIAN (if either entrant is under 18)	
Name	Name
Signed	Signed
Address	Address
Relationship	Relationship

PERSON TO CONTACT IN CASE OF EMERGENCY (The nominated person must not be involved in the trial)

For DRIVER/RIDER	For PASSENGER
Name	Name
Relationship	Relationship
Address	Address
Telephone No.	Telephone No.