

**FELL SIDE AUTO CLUB LTD  
ENTRY FORM - NORTHERN CLASSIC TRIAL  
SATURDAY 18 FEBRUARY 2012**

Driver's Full Name:..... Address:.....

Tel No(s):..... Club:.....

Passenger's Full Name:..... Address:.....

..... Tel No(s).....

Club..... ACTC Lifetime member? Yes/No/Required?

Make of Vehicle:..... Model:..... Class:.....

Registration No..... Engine Cap:.....cc. Year Reg:.....

Size and type of tyres: Front wheels.....

Rear wheels.....

Are you a novice? Yes/No

Is a limited slip or locked differential fitted? Yes/No

Do you require Third Party Insurance Yes/No

Do you require final instructions & results by email? Yes/No if Yes –

What is your email address?.....

**INSURANCE**

Do you require REIS RTA Insurance YES/NO

If yes, do you need a Declaration Form YES/NO

If No, give name & address of your insurers.....

MSA Competition Licence No\*\* ..... ACTC Championship No.....

ACU Affiliation No..... **\*ACU members please ask for ACU Entry Form\***

I enclose:

Entry fee inc DOE fees (£33 non FSAC members, £30 FSAC members) £

REIS RTA insurance fee £15.00 £

Fell Side Auto Club membership £10/£15.00 (separate form) £

Meals at finish (separate form) £

**Payment Enclosed (cheques payable to 'Fell Side Auto Club Ltd') £**

**Plus one C5 (9"x6") SAE First Class (if not using email address for Results)**

Note: the Declaration on reverse of this form must be signed .

\*\* The MSA Penalty for non-production of licence is £60

This event is routed along and/or across public rights of way. Competitors must exercise caution and reduce their speed accordingly near other path users. Be especially careful near horses, slow down, stop and switch off your engine if necessary

**DECLARATION OF INDEMNITY**

I have read the supplementary regulations issued for this event & agree to be bound by them and by the General Regulations of the Motor Sports Association Limited (ACU Standing Regulations for motorcycle competitors). 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 the roads and defined by the law.

Under the provision of the Data Protection Act 1985, Fell Side Auto Club 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) \*..... DATE .....**

**SIGNED (PASSENGER) \*..... DATE .....**

**\* THIS ENTRY FORM IS INVALID UNLESS SIGNED BY ALL PARTICIPANTS ABOVE.**

**State your age if under 18yrs**

**Driver:.....Passenger:.....**

**PLEASE NOTE:**

If driver or passenger is under 18 years of age the following **MUST** be completed by the person's parent or guardian

**I DECLARE THAT I AM THE PARENT/GUARDIAN OF THE DRIVER/PASSENGER (delete as applicable)**

**PARENT/GUARDIAN**

**SIGNATURE..... DATE:.....**

**ADDRESS:.....**

**.....POSTCODE:.....**

**RELATIVE OR FRIEND TO BE INFORMED IN THE CASE OF A SERIOUS ACCIDENT:-**

**Name: .....Tel No:.....**

**Address:.....**

**ARE YOU ORDERING MEALS (SEE SEPARATE FORM)? YES/NO**

**THIS FORM MUST BE SIGNED ABOVE WHERE INDICATED BY \* AND POSTED TO:-**

**Mrs Diane Veevers, The Old Mill, Thurstonfield, Carlisle, CA5 6HQ. Tel: 01228 576205  
or email: [diane.veevers@btinternet.com](mailto:diane.veevers@btinternet.com)**