

Liverpool Motor Club

Aintree Sprint Series

Saturday 3rd September 2005

ENTRY FORM

PLEASE COMPLETE IN BLOCK LETTERS

<u>DETAILS OF DRIVER</u>	<u>DETAILS OF ENTRANT</u>
Name	Name
Address	Address
.....
Post Code	Post Code.....
Tel No..... Mobile.....	Entrants Licence No.
Comp Licence No.	Comp Licence Grade: INT / Nat A / Nat B Do you hold a valid Driving Licence? Y / N
Comp Licence Type.....	ARE YOU A NOVICE? Y / N (please circle)
Champ entered.....	Email Address.....
Club:	I HAVE / HAVE NOT competed at Aintree prior to this event.
LMC Member Y / N If yes please enter Membership No.....	British Sprint Competitors only (1 to 10) comp no.....
IS THIS A SHARED ENTRY? YES / NO 2nd Driver's Name..... Who runs first.....	

PLEASE COMPLETE A SEPARATE FORM FOR EACH DRIVER

<u>DETAILS OF CAR</u>		
Class Entered.....	Make	Model
C.C. of Engine.....	No of cylinders.....	Is it supercharged? YES / NO
		Is it Turbocharged? YES / NO
Type of Body OPEN / CLOSED / RACING	TYPE OF FUEL	
	(TO HELP OFFICIALS/MARSHALS IN EVENT OF AN INCIDENT)	

The entry fee is **Non-Members £78.00 / LMC Members £75.00**. Please send completed forms, (including completed membership application and fee of £10.00 if applicable), to **The Entries Secretary, Liverpool Motor Club, 16 Broxholme Way, Maghull, Liverpool, Merseyside, L31 5PL.**

Please make cheques payable to Liverpool Motor Club.

If you wish to make enquiries about your entry please either telephone: 07790 388698 or email: entries@liverpoolmotorclub.com

Please Do Not Forget to sign Indemnity Form on reverse

Total Amount Enclosed: £ :	
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<b>For Official use only</b>	
Date received: _____	Amount paid: _____
Acknowledgement sent: _____	LMC membership required Yes / No

# INDEMNIFICATION

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 motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and / or organisation and / or conduct of the event are insured against loss or injury caused through their negligence.

**State your age if you are under 18 year's** _____

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 the 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.

**DRIVERS SIGNATURE..... Age if under 18 years**

**ENTRANTS SIGNATURE..... Age if under 18 years**

**IMPORTANT:** If an Entrant or Driver is under 18 years of age the appropriate parent or guardian must countersign this form.

**THIS ENTRY IS MADE WITH MY CONSENT**

Name Parent or Guardian of Entrant / Driver

**In the case of a serious accident please contact:**

.....  
(Full Name in Capitals please)

Name.....

Relationship .....

Relationship to Driver .....

Address .....

Address .....

.....

.....

Signature .....

Telephone .....

**Please note that it is now a requirement that the parent or guardian sign on as his/her entrant if the driver is under 18 years E2.22.1 /E2.22.2**

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