

**Liverpool Motor Club
Aintree Sprint Series
Saturday 5th September 2009
ENTRY FORM**

PLEASE COMPLETE IN CAPITALS/UPPERCASE including EMAIL ADDRESS and tick boxes as appropriate

<u>DETAILS OF DRIVER</u>	<u>DETAILS OF ENTRANT</u>
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Town: _____	Town: _____
County: _____	County: _____
Post Code _____	Entrants Licence No: _____
Tel: _____ Mobile: _____	

Email Address _____
(Please read the notice overleaf)

Grade: INT | NAT A | NAT A OPEN | NAT B

Comp Licence No. _____ Are you a Novice?

Do you hold a valid full Drivers Licence for the public highway?

Championship(s) entered _____

Club _____ I HAVE I HAVE NOT competed at Aintree prior to this event.

If you are an LMC Member, please enter Membership No _____ IS THIS A SHARED ENTRY?

Other Driver's Name. _____ Who runs first _____

PLEASE COMPLETE A SEPARATE FORM FOR EACH DRIVER

DETAILS OF CAR

Class Entered. _____ Make _____ Model _____

Our 2009 events are being organised in accordance with the MSA's recommended new categories. Please ensure that you enter the correct class by consulting Section I of the 2009 MSA Yearbook and Appendix 1 of the supplementary regulations for this event.

C.C. of Engine. _____ No of cylinders _____ Type of Body: OPEN CLOSED RACING

Is it Turbocharged / Supercharged?

Type of Fuel: PETROL DIESEL OTHER (please specify) _____

The entry fee is **£93.00 / LMC Members £90.00**. Please send completed forms, (including completed membership application and separate cheque for £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 .

Please Do Not Forget to sign Indemnity on next page

Total Amount Enclosed: £ _____: _____ Cheque No(s). _____

Please include a separate cheque for £10 if you are also applying for LMC membership

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

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 date of birth if you are under 18 years of age _____

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.

DRIVER'S SIGNATURE. _____ **Age if under 18 years** _____

ENTRANT'S SIGNATURE. _____ **Age if under 18 years** _____

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

THIS ENTRY IS MADE WITH MY CONSENT

Name of Parent or Legal Guardian of Entrant / Driver

(Full Name in Capitals please)

Relationship _____

Address _____

Signature _____

Please note that it is now a requirement that the parent or legal guardian be present at the event and sign on as his/ her entrant if the driver is under 18 years of age (see C(a)53)

In the case of a emergency please contact:-

Name _____

Relationship to Driver _____

Address _____

Telephone _____

Important Notice:

By including your email address on this form, you are agreeing to receive communications from Liverpool Motor Club by email. We may send your acknowledgement and information about future LMC events to you electronically. In accordance with the Data Protection Act, we will never release your postal or email address to another club or other third party without first obtaining your permission. However, we reserve the right to release your details to the emergency services, the venue owners and/or our insurers in the event of an accident. Please add [liverpoolmotorclub.com] without brackets as a friend to your spam filters to ensure receipt of acknowledgements, results etc. etc.

Website: www.liverpoolmotorclub.com

Email: lmc-entries@liverpoolmotorclub.com