

Longton & District Motor Club Ltd  
Anglesey Sprint

Entry Form  
Please print in block capitals

Event 17<sup>th</sup> October 2010  
Closing date 25<sup>th</sup> Sept 2010

Driver details

Entrant details

Name.....

Name.....

Address.....

Address.....

.....

.....

Post Code.....

Post Code.....

Tel no.....

Tel no.....

Email.....

Email.....

Comp. lic. No.....

Entrants lic. No.....

Signature.....

Signature.....

Club.....

Club.....

Longton Championship yes/no

Championship no.....

Championships entered.....

Car details: make/model.....

cc..... Fuel type..... Class entered.....

Entry shared with.....

Novice/Expert (PLEASE DELETE AS APPROPRIATE)

I enclose entry fee of £..... (See page 12 item 11)

Please send entry form to: Moya Leighton, Park House, 4 Newton Road, Ashton on Ribble, Preston, Lancs, PR2 1DY. Please make cheques payable to LDMC

**COMPLETE AND SIGN THE INDEMNIFICATION**

**Indemnification**

**17<sup>th</sup> October 2010**

**This MUST be completed and signed**

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 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. 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 under 18.....**

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 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.

**Driver details**

**Entrant details**

Signature.....

Signature.....

Age if under 18.....

Age if under 18.....

Parent or guardian (if under 18)

Parent or guardian (if under 18)

Name.....

Name.....

Address.....

Address.....

.....

.....

Post Code.....

Post Code.....

Tel no.....

Tel no.....

Email.....

Email.....

Comp. lic. No.....

Entrants lic. No.....

Signature.....

Signature.....

Contact details of person to be contacted in an emergency (MUST be completed)

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OFFICIAL USE ONLY - Received..... Acknowledged.....

Driver	Entrant	Paid	Completed	Novice	Class	Cheque no
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