

**CARMARTHEN MOTOR CLUB LTD.  
PETER LLOYD RALLYING STAGES 2006**

**Indemnification Declaration**

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 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.

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.

Signed:  
Entrant \_\_\_\_\_ Date \_\_\_\_\_ State your age if under 18 \_\_\_\_\_

Driver \_\_\_\_\_ Date \_\_\_\_\_ State your age if under 18 \_\_\_\_\_

Co-driver \_\_\_\_\_ Date \_\_\_\_\_ State your age if under 18 \_\_\_\_\_

An indemnity/declaration which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian whose full name and address shall be given.

This entry is made with my consent

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian of Driver)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian of Co-driver)

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel nr \_\_\_\_\_

Tel nr \_\_\_\_\_

Ref. Nr.	Date received	Acceptance/ refusal sent	Payment details	Comp. Number

### ENTRANT/SPONSOR

Name \_\_\_\_\_ Licence Nr \_\_\_\_\_

Address \_\_\_\_\_

### DRIVER

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Nr(s) \_\_\_\_\_ Comp Licence Nr \_\_\_\_\_

Motor Club \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

### NEXT OF KIN:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel Nr: \_\_\_\_\_

### CO-DRIVER

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Nr(s) \_\_\_\_\_ Comp Licence Nr \_\_\_\_\_

Motor Club \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

### NEXT OF KIN:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel Nr: \_\_\_\_\_

### VEHICLE AND CLASS

Make and Model: \_\_\_\_\_

Engine Capacity: \_\_\_\_\_ Colour: \_\_\_\_\_

Forced Induction: YES/NO Number of valves per cylinder: \_\_\_\_\_

4 wheel Drive: YES/NO Number of camshafts (per bank): \_\_\_\_\_

Vehicle reg nr: \_\_\_\_\_ Class entered (See SR8): \_\_\_\_\_

**ADDITIONAL INFORMATION**

Championship Contender/Additional awards	<b>Driver</b>	<b>Co-driver</b>
Classic Motorsports Welsh Clubman Tarmacadam Rally Championship	YES/NO Reg Nr____	YES/NO Reg Nr____
Classic Motorsports Welsh Clubman Tarmacadam Rally Championship Nr____	YES/NO Reg Nr____	YES/NO Reg Nr____
Brian Dennis Motorsport Welsh Historic Rally Championship	YES/NO Reg Nr____	YES/NO Reg Nr____
Ladies/mixed crew	YES/NO	

**FEEES**

Entry fee	180.00
C.M.C. Membership - Driver to 31st Dec 2007	5.00 <input type="checkbox"/>
C.M.C. Membership - Co-driver to 31st Dec 2007 (Please tick which paid for)	5.00 <input type="checkbox"/>
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TOTAL £	-----

Please enclose cheque(s)/postal order(s) totalling the above amount, made payable to CARMARTHEN MOTOR CLUB LTD. Post dated cheques will not be accepted.

**SEEDING INFORMATION**

Please enter below details of driver's best performances in Stage Rallies (As a first named driver). If no appropriate results, please include any relevant experience.

EVENT	STATUS & CHAMPIONSHIP	YEAR	START NR.	POSITION	
				OVERALL	CLASS

N.B. Any entrant falsely declaring or withholding information may forfeit their entry fee and have their entry refused.

**THE ENTRY FOR MUST BE COMPLETED IN EVERY RESPECT - INCLUDING SIGNING THE INDEMNIFICATIONS** and sent to the Entries Secretary:

**Ryland James, Cartref, Bethlehem Road, Pwll Trap,  
St Clears, Carmarthen, SA33 4AN.**

Tel & Fax: 01994 230966 (1900 - 2100 hours only please) E-mail:  
Rylandjms@aol.com

**Please enclose 3 completed labels to be used on correspondence.**