

**CARMARTHEN MOTOR CLUB LTD.
WEST WALES RALLY SPARES CHRISTMAS STAGES 2003**

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

Additional awards:

Ladies/mixed crew

YES/NO

FEES

Entry fee 150.00

C.M.C. Membership - Driver to 31st Dec 2004 5.00

C.M.C. Membership - Co-driver to 31st Dec 2004 5.00
(Please tick which paid for)

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 (Last 3 years only)

Please enter below details of driver's best performance 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.