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

CARMARTHEN MOTOR CLUB LTD. – WWRS JAFFA STAGES RALLY 2025

Email address for correspondence: _____
(Print clearly)

ENTRANT/SPONSOR (If applicable)
Name _____ Licence Nr _____

DRIVER
First Name _____ Surname _____

Address _____

_____ Post Code _____

Telephone Nr(s) _____ Comp Licence Nr _____

Motor Club _____ E-mail address _____

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 _____

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 SR9): _____

ADDITIONAL INFORMATION

Ladies/mixed crew YES/NO

SCRUTINEERING

Which day will you be attending scrutineering - SATURDAY/SUNDAY

Will you be parking Saturday night at Pembrey if permitted (SR 33) – YES/NO

FEES

Entry fee	£365.00	
C.M.C. Membership - Driver to 31st Dec 2026	£5.00	□
C.M.C. Membership - Co-driver to 31st Dec 2026 (Please tick which paid for)	£5.00	□

TOTAL £		

- **Payment is not required with your entry application. All payments to be made via BACS and details for payment will be sent with the email acknowledging receipt of your entry application (if appropriate). Payment must then be made within 48 hours.** .

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 by email to the Entries Secretary:

Simon Gronow **E-mail: cmcentry@aol.com**

Tel: 07554 423516

CARMARTHEN MOTOR CLUB LTD.
WWRS JAFFA STAGES RALLY 2025

Indemnification Declaration

1) 'I declare that I have been given the opportunity to read the NCR and if any the Official Documents 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. 'I understand that motorsport can be dangerous and accidents causing death injury disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptance of this Entry I agree that neither any one of or any combination of the ASN and its associated Clubs, the Organisers, the Track owners or other occupiers, the promoters and their respective, officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in this Event. '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'
2) If I am the Parent or Guardian of the Driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this Event and the NCR. 'I confirm that I have acquainted myself and the minor with the NCR agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Chapter 1 App.2.
3) '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.'
4) 'I undertake that at the time of the Event to which this Entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.' (Chapter 6 App.2 Art.6.5).
5) 'I have read and fully understood the regulations for Control of Drugs and Alcohol as contained in the NCR Chapter 2 Art.2, Chapter 5 App.11 Art.1.6, Chapter 3 Art.17 and have also fully familiarised myself with the information on the web sites referred to (www.motorsportuk.org www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti-Doping Rules which have been adopted by the ASN. 'Further if I am counter-signing as the Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UK Anti-Doping Rules in Chapter 6) I hereby confirm that I give such consent for the minor concerned to be so tested.
6) 'I hereby agree to abide by the ASN Safeguarding Policy and Guidelines and the Code of Conduct.'

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_____ Signed_____ Date_____
(Parent/Guardian of Driver) (Parent/Guardian of Co-driver)

Full name _____ Full name _____

Address _____ Address _____

_____ _____

Tel nr _____ Tel nr _____