



COOKSTOWN MOTOR CLUB LTD.

RECEIVED: £ \_\_\_\_\_  
DATE: / /  
COMPLETE: YES/NO  
REQUIRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTOTEST ENTRY FORM.  
(TO BE COMPLETED IN BLOCK CAPITALS)

**GLENVIEW NURSING HOME  
AUTOTEST.**

DATE: 17<sup>TH</sup> APRIL '04

STATUS CLUBMAN

CAR : \_\_\_\_\_

CUBIC CAP : \_\_\_\_\_

DRIVER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DRIVER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_  
TEL: \_\_\_\_\_

POSTCODE: \_\_\_\_\_  
TEL: \_\_\_\_\_

COMP LICENCE NO : \_\_\_\_\_  
CLASS ENTERED : \_\_\_\_\_  
(A,B,C OR D ADD S/E OR B)

COMP LICENCE NO : \_\_\_\_\_  
CLASS ENTERED : \_\_\_\_\_  
(A,B,C OR D ADD S/E OR B)

**FINAL INSTRUCTION TO BE SENT TO DRIVER/ DUAL ENTRY DRIVER**  
**(DELETE AS APPROPRIATE)**

- I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Regulations Of the Motor Sports Association Ltd. In Consideration of the acceptance of this entry or of my being permitted to take part in this event, I Agree to save harmless and keep indemnified The Motor Sports Association Ltd., such persons or body as may be authorised by The Motor Sports Association Ltd., to promote or organise this event, and their respective officials, servants, representatives and agents From and against all actions, claims, costs, expenses and demands in respect of death injury to myself howsoever caused arrived out of or in connection with this entry or my taking part in this event and notwithstanding that the same may have been contributed to or Occasioned by the negligence of the said bodies, their officials, servants, representatives or agents.
- Furthermore, in respect of any parts of this event on ground where third party insurance is not required by the law this agreement shall in addition to the parties named above extend to all and any other competitor/s and their servants and agents and to all actions, calms, costs, expenses and demands in respect of loss or damage to the person on property of myself, my driver(s) passenger(s) mechanic(s) or associated personnel.
- I declare that the use of the vehicle hereby entered is covered by insurance as required by the law, which is valid for such parts of the event as shall take place on roads as defined by the law.
- I understand should I at any time of this event be suffering from any disabilities whether permanent or temporary which is likely to affect prejudice, my normal control of my vehicle, I may not take part unless I have declared such disability to The Motor Sports Association Ltd. Who have, following such declaration, issued a licence which permits me to do so.
- " I agree to maintain in good condition any Perpetual Trophy that may be won by me and to return it to the Honorary Secretary Cookstown Motor Club Ltd., when requested ".
- State your age if under 18 \_\_\_\_\_ Driver. State your age if under 18 \_\_\_\_\_ Dual Entry Driver.

SIGNATURE OF DRIVER : \_\_\_\_\_ DATE : \_\_\_\_\_

SIGNATURE OF DUAL ENTRY DRIVER : \_\_\_\_\_ DATE : \_\_\_\_\_

7. If the driver/ dual entry driver is under 18 years, the parent/ guardian's signature is required below.

"This Entry is made with my Consent"

PARENT OR GUARDIAN  
OF DRIVER

NAME :  
RELATIONSHIP :  
ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

POSTCODE : \_\_\_\_\_  
TEL : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT OR GUARDIAN  
OF DUAL ENTRY DRIVER

NAME :  
RELATIONSHIP :  
ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

POSTCODE : \_\_\_\_\_  
TEL : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**8. Person(s) to be contacted in case of a serious accident.**

NAME :  
ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

POSTCODE : \_\_\_\_\_  
TEL : \_\_\_\_\_  
\_\_\_\_\_

NAME :  
ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

POSTCODE : \_\_\_\_\_  
TEL : \_\_\_\_\_  
\_\_\_\_\_

---

9. Fees.  
Sterling- I Enclose

All Prices are in

Driver entry fee : £.....  
Dual Driver Entry Fee : £.....  
Driver Membership for 2004 (£5) (if Req.) : £.....  
Dual Driver Membership for 2004 (£5) (if Req.) : £.....  
**Total Amount Enclosed** : £ .....

For Required fee see Supplementary Regulations Sheet.

---

Please Send this Completed Entry Form, with Cheques  
Payable to **COOKSTOWN MOTOR CLUB LTD.** And crossed A/C Payee  
To : **Mr Jason McGuckin.**  
**Cookstown Motor Club Ltd.**  
6 Loughill Park, Tobermore,  
Magherafelt. BT45 5SD  
BT80 8PL.

---

PLEASE ENCLOSE ALL FEES APPLICABLE TO YOUR ENTRY IN ORDER TO ASSIST THE  
SECRETARY OF THE MEETING AND TO SPEED UP THE DOCUMENTATION AT SIGNING  
ON. THANK-YOU.