



Eastern Counties Motor Club
West Suffolk Motor Club

WSMC WEST SUFFOLK
MOTOR CLUB

South Suffolk Classic Car Run 9th May 2010

ENTRY FORM (PLEASE USE BLOCK CAPITALS)

Participant's Name:

Address:

.....

..... **Postcode:**

Phone: (Home) **(Work)**.....

E-mail address:

Make & Model of Car:

Year Manufactured: **Colour:**

Type of Body: **Engine Capacity:**

Registration No.:

Do you want to run close to a friend? Yes / No (delete as appropriate)

Please give name and car:

Entry Fee: £30.00 (or more)

Please make cheques payable to "Eastern Counties Motor Club Ltd."

P.T.O.

Declaration

I have read the regulations issued for this event and agree to be bound by them. In consideration of the acceptance of this entry and my being permitted to take part in this event and in respect of parts of the event not held on publicly adopted road, I agree to save harmless and keep indemnified Eastern Counties Motor Club Limited, West Suffolk Motor Club Limited, the Motor Sports Association Limited and their respective officials servants representatives and agents together with other participants and their respective servants representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death of or injury to or loss of or damage to property of myself, my drivers, passengers or associated persons and all third parties arising out of or in connection with this event.

I declare that the use of any vehicle to be driven by myself on the event shall be covered by insurance for the duration of the event as required by the law which shall be valid for such part of this event as shall take place on roads as defined by the law. I declare that any vehicle to be driven by myself on the event shall have a current MOT test certificate and shall display a vehicle licence disc valid for the date of the event. I declare that I hold a full driving licence valid for any vehicle to be driven by myself on the event. I enclose the appropriate entry fee. I declare that the information given on this form is correct

Signature of participant: **Date:**

Signature of other driver: **Date:**

Address of other driver:

.....

..... **Postcode**

Please send completed forms to:

Ann Burchnall,
Canes Farm,
Burstall,
Suffolk,
IP8 3EA.

Gift Aid Declaration

I want the East Anglian Air Ambulance to treat my donation as Gift Aid. I confirm that I am a UK Tax payer.



Name:

Address:

Signature: **Date:**