

**SHEFFIELD & HALLAMSHIRE MOTOR CLUB  
LONG COURSE SPRINT AT CURBOROUGH, NEAR LITCHFIELD  
SUNDAY 13 May 2007  
ENTRY FORM**

**ENTRANT  
LICENCE NUMBER  
ADDRESS**

**POSTCODE** **TEL**

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**DRIVER  
LICENCE NUMBER  
ADDRESS**

**POSTCODE** **TEL**  
**Email**

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**CAR MAKE** **MODEL**

**YEAR** **CAPACITY**  
**CLASS ENTERED** **TURBO/SUPERCHARGED**  
**CLUB**  
**CHAMPIONSHIP**

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I am sharing this car with;-

I am the First / Second Driver

Do you own a RT Licence? ..... Yes/No

**ENTRY FEE £78.00.** Cheques should be made payable to “**Sheffield & Hallamshire Motor Club**” and crossed. The Entry secretary for the meeting to whom this completed entry form and fee should be sent is: -

**Mrs L Healy  
35 Barnett Avenue  
Sheffield  
S11 7RN**

**Please enclose three self-addressed sticky labels  
Please sign the indemnification on the back on this entry form Thank you**

**INDEMNIFICATION**

I have read the supplementary regulations issued for the event and agree to be bound by them and the general regulations of the Motor Sports Association Limited. In consideration of the acceptance of the entry or of my being permitted to take part in this event, I agree to save harmless and keep indemnified the Motor Sports Association Limited, such person, or persons or body as may be authorised by the Motor Sports Association Limited, 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 or injury to myself howsoever caused arising out of or in connection with this entry or my taking part in this event and not withstanding 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 part of this event taking part on ground where third party insurance is not required by 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, claims, costs, expenses and demands in respect of loss or damage to the person or property of myself, my driver(s), passenger(s), mechanic (s) or associated personnel.

**My age is** \_\_\_\_\_ (if applicable, state ‘over 17 years’)

**Entrant’s Signature** \_\_\_\_\_

**Driver’s Signature** \_\_\_\_\_

Any indemnity and/or declaration as prescribed above 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. Parent or Guardian of Entrant/Driver  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT

PLEASE GIVE DETAILS OF PERSON WHO YOU WOULD WISH TO BE CONTACTED.

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

Address: \_\_\_\_\_

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