

**David Roscoe Memorial Dimanche Tour**

Sunday 19th May 2019

**Entry Form**

Please complete using Block Capitals

**Drivers Name****Address****Telephone - Home****Telephone - Mobile****Email address**

(Will not be used for any purpose other than for this event)

**Passenger Names****Car - Make and Model****Registration Number****Year of Registered****Colour****I enclose my Entry Fee of £10**

(Cheques should be payable to **Guildford Motor Club** or by bank transfer to Account No. **31750348**  
Sort Code **40 - 22 - 26. Please add your name as a reference.**)

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.  
I declare that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.  
I declare that the information given on this form is correct.  
I further declare that this vehicle is taxed where required.

**Signature of Driver****Date**

Send to: Robert Clayson, 39 Longhope Drive, Farnham, Surrey. GU10 4SN