

David Roscoe Memorial Dimanche Tour - Entry Form

Sunday 25th September 2022

Please complete using **BLOCK CAPITALS**

Drivers Name

Address

Telephone - Home

Telephone - Mobile

Email address

Club or Group

Contact in case of Emergency

Name

Contact Number

Email address

Relationship

Vehicle Details

Car - Make and Model

Registration Number

Year Registered

Colour

Engine Capacity

Insurance Co

Insurance Address

Navigator

Address - if different from above

Telephone - Home

Telephone - Mobile

Email address

Club or Group

Contact in case of Emergency

Name

Contact Number

Email address

Relationship

Passenger 1**Name****Address -****Contact in case of Emergency:****Name****Contact Number****Email address****Relationship****Passenger 2****Name****Address -****Contact in case of Emergency:****Name****Contact Number****Email address****Relationship**

The information on this form will not be used for any purpose other than for this event and to inform you of similar GMC events.

I declare that I have been given the opportunity to read the General Regulations of Motorsport UK 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.

This event is held under the General Regulations of Motorsport UK (incorporating the provisions of the international sporting code of the FIA) and the event Supplementary Regulations.

I enclose my Entry Fee of £20

(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.**)

Signature of Driver**Date****Send to :**

Robert Clayson, 39 Longhope Drive, Farnham, Surrey. GU10 4SN
robert.clayson@btinternet.com