

Guildford Motor Club

The Printemps Tour.

Sunday 5th May 2024

Entry Form

Please complete using BLOCK CAPITALS

Driver	
Name	
Address	
Phone (H)	
Phone (M)	
Email address	
Club or Group	
Contact in the event of an emergency	
Name	
Contact number	
Email address	
Relationship	

Vehicle details	
Make	
Model	
Reg. Number	
Year first reg'd.	
Colour	
Engine Capacity	
Insurance Co.	
Insurance Address	

Navigator	
Name	
Address (If different from above)	
Phone (H)	
Phone (M)	
Email address	
Club or Group	
Contact in the event of an emergency	
Name	
Contact number	
Email address	
Relationship	

Passenger 1	
Name	
Address	
Contact in the event of an emergency	
Name	
Contact number	
Email address	
Relationship	

Passenger 2	
Name	
Address	
Contact in the event of an 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/have transferred* my Entry Fee of £15

(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: Lorraine Feeney, 71 Carfax Avenue, Tongham, Farnham, Surrey. GU10 1BD.
L.Feeney@live.com

*delete as appropriate.