

### Blyton Park Test Day Blyton Park, Sunday 23<sup>rd</sup> February 2020

### **Official Entry Form**

| Main Driver    | Name                           |             |             |
|----------------|--------------------------------|-------------|-------------|
| Address        |                                |             |             |
| Post code      |                                |             |             |
| Telephone      | Mo                             | obile       |             |
| Email Address  | ;                              |             |             |
| Next of Kin de | etails (Name and Telephone Num | iber)       |             |
|                |                                | Те          | I           |
| Additional D   | river Name                     |             |             |
| Address        |                                |             |             |
| Post code      |                                |             |             |
| Next of Kin de | etails (Name and Telephone Num | iber)       |             |
|                |                                | Те          | I           |
| Vehicle Make   | /Model                         |             | Engine CC   |
| Class Entered  |                                | Championsh  | ip Race No' |
| Licence Numb   | er                             | Transponder | Number      |

ENTRY FORMS AND PAYMENT MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE EVENT (February 9<sup>th</sup> )

Entry Fee (non-MDA members) £125.00 per Car + £50.00 Extra Driver Entry fee (Full MDA members) £100 per car + £50.00 Extra Driver \*\*

(MAX 2 DRIVERS)

Join the MDA and save £45.00 this year if you enter the Test Day and both BTRDA Championship Events – Membership £40, add' family members £5 each

**Entry forms to be returned to :** 

Sam O'Flanagan, 1 Godlings Way, Braintree, Essex, CM7 1HW (please ensure all parts of form are completed)

Cheques to be payable to: "Minicross Drivers' Association Ltd"

Bank Transfers can be made to Minicross Driver's Association account Sort Code 60-17-28 Account Number 90255259 – if paying by bank transfer make sure you note the payment date on this form and the account name if different to the driver/entrant name.

Entry forms can also be e mailed to the event secretary at; entries@mini-cross.co.uk

## \*\* PLEASE ENSURE THAT YOU HAVE READ AND SIGNED THE DECLARATION ON THE BOTTOM OF THIS FORM \*\*

#### **Indemnities Declarations & Undertakings by Drivers**

I declare that I agree to be bound by any Regulations or Final Instructions issued by the Club. I declare that I am physically and mentally fit and competent to take part in the event. I understand that motorsport is dangerous and accidents causing death, injury, disability and property damage can, and do, happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks.

In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MDA, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (The "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event. Nothing in this clause is intended or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in the Event.

I declare that to the best of my belief the driver possesses the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event, having regard to the course and the speeds which will be reached.

I understand that should I, at the time of the event, be suffering from any disability, whether permanent or temporary, which is likely to affect prejudicially my normal control of my vehicle.

| Privers signature :  |
|--|
|  |
| PADDOCK SPACE AT BLYTON IS LIMITED – IF YOU NEED SPACE FOR A LARGE VEHICLE OR AWNING PLEASE GIVE DETAILS BELOW TO HELP WITH THE PADDOCK PLAN |
|  |

# **Membership Form - MDA**

| Section 1: Personal Inform   | ation                              |               |                 |        |             |        |        |        |     |  |
|--|------------------------------------|---------------|-----------------|--------|-------------|--------|--------|--------|-----|--|
| Last Name:   |                                    |               | First Name:     |        |             |        |        |        |     |  |
| Address:   |                                    |               |                 |        |             |        |        |        |     |  |
|  |                                    |               |                 |        |             |        |        |        |     |  |
| Town:  |                                    | County:       |                 |        |             | Post C | Code:  |        |     |  |
| Home Phone:  |                                    |               | Mobile Phon     | e:     |             |        |        |        |     |  |
| Occupation:  |                                    |               |                 |        |             |        |        |        |     |  |
| Email  |                                    |               |                 |        |             |        |        |        |     |  |
| Alternate Email  |                                    |               |                 |        |             |        |        |        |     |  |
| How we Contact You   | s that apply)                      | Post          |                 | Email  |             | Text   |        |        |     |  |
| In case of emergency and as part of the clubs responsibility to its membership, <b>ALL</b> club members are required to complete the information below as accurately as possible. Details will be held securely with access restricted to authorised club officers only. |                                    |               |                 |        |             |        |        |        |     |  |
| Next of Kin:   |                                    |               | Relationship:   |        |             |        |        |        |     |  |
| Mobile Phone:  |                                    |               | Phone:          |        |             |        |        |        |     |  |
| Section 2: Additional Mem  | bers                               |               |                 |        |             |        |        |        |     |  |
| Name 1:  |                                    |               | Mobile Pho      | ne:    |             |        |        |        |     |  |
| Email:   |                                    |               | •               |        |             |        |        |        |     |  |
| How we Contact You   | (please tick                       | as many boxes | s that apply)   | Post   |             | Email  |        | Text   |     |  |
| Name 2:  |                                    |               | Mobile Pho      | ne:    |             |        | •      | -      |     |  |
| Email:   |                                    |               |                 |        |             |        |        |        |     |  |
| How we Contact You   | (please tick                       | as many boxe  | s that apply)   | Post   |             | Email  |        | Text   |     |  |
| Section 3: Car/Driver Information  | mation                             |               |                 |        |             |        |        |        |     |  |
| Car Make   |                                    |               | Model           |        |             |        |        |        |     |  |
| Engine CC  |                                    |               | Race # or Reg # |        |             |        |        |        |     |  |
| Transponder #  |                                    |               | Licence #       |        |             |        |        |        |     |  |
| Section 4: Membership Typ  | oe .                               |               |                 |        |             |        |        |        |     |  |
| Member Type  | Description                        |               |                 |        |             |        |        | Qty    | FEE |  |
| 1 <sup>st</sup> Family Member  | Non Race / Championship Competitor |               |                 |        |             |        |        | £40    |     |  |
| Additional Family Member   | Non Race / Championship Competitor |               |                 |        |             |        |        | £5     |     |  |
| Please make cheques pay  | able to :- Minic                   | ross Drivers  | Association I   | Ltd    |             |        | ,      |        |     |  |
| If you would like to Bank T  | ransfer Please                     | contact: me   | embership@i     | mini-c | ross.co.u   | k T    | otal A | Amount | £   |  |
| Section 5: Signatures  | •                                  |               |                 |        |             |        |        |        |     |  |
|  |                                    |               |                 |        |             |        |        |        |     |  |
| Signature  |                                    |               |                 |        |             | Date   | )      |        |     |  |
| I agree to accept and abide by the cl  | ub rules of Associat               | ion           |                 |        |             |        | Ī      |        |     |  |
| Additional Member<br>Signature   |                                    |               |                 |        |             | Date   | •      |        |     |  |
| I agree to accept and abide by the cl  | ub rules of Associat               | ion           |                 |        |             |        |        |        |     |  |
| Additional Member<br>Signature   |                                    |               |                 |        |             | Date   | )      |        |     |  |
| I agree to accept and abide by the cl  |                                    |               |                 |        |             |        |        |        |     |  |
| Any Further Family Member  | Please Add on a                    | a Separate Sh | eet along with  | Car d  | etails etc. |        |        |        |     |  |