

### Blyton Park Test Day Blyton Park, Sunday 20th February 2022

### **Official Entry Form**

Driver Name	e
Address	
Post code	
Telephone	Mobile
Email Addres	S
Next of Kin d	etails (Name and Telephone Number)
	Tel
<b>Vehicle</b> Make	e/Model Engine CC
Class	Race No' Driver Licence Number
<b>Passenger 1</b> Address	l Name
Post code	
	etails (Name and Telephone Number) Tel
Passenger 2 Address	2 Name
Post code	
	etails (Name and Telephone Number) Tel

ENTRY FORMS AND PAYMENT MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE EVENT (February  $6^{th}$ )

Entry Fee (non-MDA members) £125.00 per Car Entry fee (Full MDA members) £100 per car Passengers £10.00 – MUST be pre-booked

Join the MDA and save £50.00 this year if you enter the Test Day and both BTRDA Championship Events – Membership £35, 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.

Should I, or any member of my team/party be experiencing symptoms of Covid-19, or have tested positive for Covid-19 within the last 7 days, I understand that we must not travel to the event. National regulations regarding self-isolation must be followed.

rivers 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	(please tick	as many boxe	s that apply)	Post		Email		Text	
In case of emergency and as information below as accurate	part of the clubs rely as possible. De	esponsibility to etails will be held	its membership d securely with	, <b>ALL</b> c access	lub membe restricted to	rs are re o author	quired	to comple ub officers	te the only.
Next of Kin:			Relationship	o:					
Mobile Phone:			Phone:						
Section 2: Additional Memb	pers								
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:	<del>!</del>			<u>.</u>	Ψ.
Email:			_ <b>!</b>						
How we Contact You	(please tick	as many boxe	s that apply)	Post		Email		Text	
Section 3: Car/Driver Inforr	nation							-	
Car Make			Model						
Engine CC			Race # or F	Reg #					
Transponder # Licence #									
Section 4: Membership Typ	e								
Member Type	Description							Qty	FEE
1st Family Member	Non Race / Championship Competitor							£35	
Additional Family Member	Non Race / Cha	mpionship Com	petitor						£5
Please make cheques paya	able to :- Minic	ross Drivers	Association	Ltd		•			
If you would like to Bank Tr	ansfer Please	contact: me	embership@	mini-cı	oss.co.ul	<sub>k</sub> T	otal A	Amount	£
Section 5: Signatures			<u> </u>						
Signature						Date	<del>)</del>		
I agree to accept and abide by the clu	ub rules of Associati	on							
Additional Member Signature						Date	;		
I agree to accept and abide by the cli	ub rules of Associati	on				_			
Additional Member Signature						Date	;		
I agree to accept and abide by the clu									
Any Further Family Member	Please Add on a	a Separate Sh	eet along with	Car de	etails etc.				