

HEART OF ENGLAND RALLY CHAMPIONSHIP 2017
CHAMPIONSHIP REGISTRATION FORM

First Name:		Surname:			
Address:					
Address:					
Address:					
County:		Postcode:			
Tel Home:		Tel Work:			
Mobile:		Occupation:			
Under 23? - Date of Birth required:					
Email:					
Club: [must be affiliated to the AWMMC]					
*Class: [See Regs]	A	B	C	D	E
*Entry Type:	Driver	Co-Driver			
Car Make:		Only 2 wheel drive cars			
Model:					
Cubic Capacity cc					
* Circle or mark appropriate categories					
Registration Fee - £50 for a crew [please complete two forms] or £30 single registration All CHEQUES must be made payable to the "AWMMC" For On-Line payments - Account Name S P & BM Gregg, Bank Sort Code 60-03-26 Nat West, Account No. 36807664					
Official Use	Date Paid	Cash / Cheque	Champ Reg'n No.		

CHAMPIONSHIP REGISTRATION

I have read the rules, terms and conditions of the Heart of England Rally Championship issued by AWMMC and agree to be bound by them and by the General Regulations of the Royal Automobile Club Motors Sports Association Ltd. I also agree to abide by and be bound by the Supplementary Regulations issued by event organisers of the events which I enter and which form part of the AWMMC Road Rally Championship ("The Events").

INDEMNIFICATION

In consideration of the acceptance of this entry and of my being permitted to take part in "The Events" I agree to save harmless and keep indemnified AWMMC., such person(s), Company or body as may be selected by AWMMC to promote or organise the Events and their respective officials, servants, representatives and agents, together with other competitors and their respective servants, representatives and agents from and against all actions, claims, cost, expenses and demands in respect of death or injury to or damage to the property of myself my passenger(s), driver(s), mechanic(s) or associated personnel arising out of or in connection with this entry or my taking part in the Events or any of them.

Signature _____ **Date** _____

Age _____ (if applicable state "over 18")

If the entrant is under 18 years of age this form must be countersigned by a parent or guardian

This entry is made with my consent: Signature _____ (Parent/Guardian)

Full Name of Parent/Guardian _____

Address _____

You are advised that information from this form will be stored on a data retrieval system and may be used for organisational and publicity purposes associated with the Championships

Send or Email Form to: Championship Secretary:

Steve Gregg, 43 Ludlow Road, Bridgnorth, Shropshire. WV16 5AH.

Email: steve.gregg@zen.co.uk