

## AWMMC ROAD RALLY CHAMPIONSHIP 2017

### CHAMPIONSHIP REGISTRATION FORM

Surname:		First Name:		
Address:				
Address:				
Address:				
County:		Postcode:		
Tel Home:		Tel Bus':		
Tel Mobile:		Male*      Female*		
If Under 21 State Date of Birth:				
Email:				
Club: (must be affiliated to the AWMMC)				
*Class:		<b>Expert</b>	<b>Semi – Expert</b>	<b>Novice</b>
*Entry Type:		<b>Driver</b>	<b>Navigator</b>	
Car Make:		Model:		
Colour:		Cubic Capacity cc:		
Registration Number				
* Circle appropriate categories		All CHEQUES must be made payable to the AWMMC		

#### CHAMPIONSHIP REGISTRATION

I have read the rules, terms and conditions of the Road 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

**All CHEQUES must be made payable to the AWMMC.**

**Return to: John Arnold, "Canalside", Longdon upon Tern, Shropshire. TF6 6LQ  
Tel: 01952 770 211 e-mail: arnold211@btinternet.com**