**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | | | | | | |
| Surname: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
|  | | | | | | | | | |
| County: |  | | | | | | | | | |
| Post Code: |  | | | | | | | | | |
| Tel (H): |  | | | | | | | | | |
| Tel (M): |  | | | | | | | | | |
| Email: |  | | | | | | | | | |
| Entry Type | Driver | |  | | | Co-driver | |  | | |
| Under 23? | Date of birth | | | |  | | | | | |
| Club | Must be AWMMC affiliated | | | |  | | | | | |
| Class | A |  | B |  | C |  | D |  | E |  |
| Car Make | **Only 2wd permitted** | | | |  | | | | | |
| Model |  | | | | Capacity | | |  | | |

**REGISTRATION FEE -** £30 per competitor or £50 per crew (please

complete 2 forms). All cheques made payable to AWMMC. Payment

via bacs to Sort Code 20-85-46, Acct No 70933767 using ref “HOE *Surname Initial*”

**CHAMPIONSHIP REGISTRATION**

I have read the rules, terms and conditions of the Heart of England Rally Championship issued by the AWMMC and agree to be bound by then and the General Regulations of Motorsport UK. I also agree to abide by and be bound by the Supplementary Regulations of each round of the Championship

**INDEMNIFICATION**

In consideration of the acceptance of this registration and of me being permitted to take part in the Championship. I agree to save harmless and keep indemnified the AWMMC, such persons, company or body which may be selected by the AWMMC to promote or organise the championship, 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, costs, expenses and demands 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 registration and my taking part in the Championship.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Age** |  | If applicable state  “over 18” | |
| If the competitor is under 18 years of age this form must be countersigned by a parent or guardian | | | |
| **This entry is made with my consent, signature of parent or guardian** | |  | |
| **Full name of parent or guardian** | |  | |
| **Address** |  | | |

Please return completed form to

Dave Cooper, Wheelgates, Southam Lane, Southam, Glos GL52 3NY Tel: 01242 237703 Email: dcncs@aol.com