

**PEAK PERFORMANCE MOTOR CLUB**

**AUTOTEST**

MSA PERMIT NO. 68199

ON Saturday 14<sup>th</sup> January 2012

ENTRY FORM AND APPROPRIATE FEE TO:

ELIZABETH PATTERSON, 30 STEWARTS ROAD, DROMARA, BT25 2AN

Cheques to be made payable to:- Peak Performance Motor Club

(TELE NO. 028 97531297 OR 07751 411303)

**NB: AN ENTRY FORM NOT ACCOMPANIED BY A FEE DOES NOT CONSTITUTE AN APPLICATION AND WILL BE RETURNED. CLOSING DATE FOR ENTRIES 11<sup>th</sup> January 2012**

**DECLARATION:**

I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Regulations of the MSA. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the MSA, such persons, persons or body as may be authorised by the MSA to promote or organise this event and their respective Officials, Servants, Representative and Agents together with other Competitors and their respective Servants, Representatives and Agents, from and against all actions, claims, costs, expenses and demands in respect of Death of or injury to or Damage to the Property of myself, my Driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

In case of any event taking place wholly or partly on the public highway, I declare that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.

I have read the Supplementary Regulations issued for this event and agree to be bound by them and the General Regulations of the MSA.

**DRIVER:**

NAME: \_\_\_\_\_

ADDRESS (INCLUDING POST CODE):  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

AFFILIATED CLUB: \_\_\_\_\_ MEMBERSHIP No: \_\_\_\_\_

COMPETING CAR: \_\_\_\_\_ YEAR: \_\_\_\_\_ CLASS: \_\_\_\_\_

AGE IF UNDER 21: \_\_\_\_\_ TOTAL ENCL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF ENTRANT OR DRIVER IS UNDER THE AGE OF 18 YEARS, THE FOLLOWING SECTION MUST BE COMPLETED  
THIS ENTRY IS MADE WITH MY CONSENT**

**PARENT OR GUARDIAN OF DRIVER:**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE)  
\_\_\_\_\_  
\_\_\_\_\_