

**NORTH DEVON MOTOR CLUB Ltd**  
**TWO RIVERS LONG DISTANCE TRIAL 31st March 2019**  
**ENTRY FORM PERMIT NUMBER ACU55537 MSA Event No 28176MA31**  
**PLEASE USE BLOCK CAPITALS**

RIDERS FULL NAME.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE No..... EMAIL.....

ACU LICENCE No..... CLUB.....

I would like to receive the Final Regulations & Route Instructions via **POST / E-MAIL MS Word or Adobe** (Please indicate)

**NOTE:** If you have chosen to accept your Final's via e-mail please ensure your E-MAIL ADDRESS is clearly printed above.

If you have chosen POST send 2 x C5 SAE

VEHICLE MAKE .....MODEL..... YEAR REGISTERED .....REG No.....

CLASS ENTERED (Please Circle) A B C D E F G

**I ENCLOSE**

ENTRY FEE: SOLO (includes RTA insurance) £30.00 £.....

ACU One Event Registration £3.00

CHEQUES/PO's made payable to 'NORTH DEVON MOTOR CLUB Ltd'

**POST THIS FORM TO:- SECRETARY of the MEETING,**

Chris Barham, 14, Stanhope Terrace, Bideford, EX39 3JZ

Email: [muddyhell65@gmail.com](mailto:muddyhell65@gmail.com) Phone 07749 970529 Before 9pm

**DECLARATION OF INDEMNITY**

'I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association/Auto Cycle Union and, if any, the Supplementary Regulations for this event and agree to be bound by them. 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.

'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.'

RIDERS SIGNATURE.....DATE.....

*State your age if you are under 18yrs* .....

**PLEASE NOTE**

If the rider is under 18 years of age the following **MUST** be completed by that person's parent/guardian.

I DECLARE THAT I AM THE PARENT/GUARDIAN OF THE RIDER

PARENT/GUARDIAN SIGNATURE..... DATE.....

ADDRESS .....

PLEASE COMPLETE AND RETURN TO THE SECRETARY OF THE MEETING

**Please indicate below a relative or friend to be informed in the case of a serious accident. (MSA Reg.D12.3.7)**

NAME .....

ADDRESS .....

TEL: HOME ..... MOBILE .....