NPTCC	The Fox 2017 A Round of the NPTCC Championship	15/10/2017 Dockray

Entrant/Driver

Name
Address

Email
Telephone
Club
Membership No.
Age, if under 18 years*----------see

Club Class A B C

Double Driving Yes / No

If yes, with whom?.....

Passenger

Name
Address

Email
Telephone
Club
Membership No.
Age, if under 18 years*----------see below

Car Details
Make
Engine Capacity
Live Axle Yes / No

Please send your completed entry form to the secretary of the meeting to arrive no later than the Wednesday preceding the event. An entry can only be accepted upon receipt of a properly completed entry form. if an entry has to be cancelled a full refund of the entry fee will be given. Payment of entry fees can be made on the day in cash or by cheque made payable to Northern Phoenix Trials Car Club.

Secretary of the meeting : Andrew Woodhead

Green Holme,Melemerby,Cumbria CA10 1HB Tel: 07866-611282 trials@windstruments.co.uk

Entry Fee: £25.00 Clubmans | Trial starts at: 10:30:00 | Clerk of Course: Richard Sharp

Scrutineering starts at 09:30

Declaration

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk.
I also declare that my car is fitted with a free and uninterupted differential and that no limited slip device is fitted.

Driver's
Signature.....

Passenger's
Signature.....

Name of persons to be contacted in case of an emergency.

Driver.....
Address

Telephone

Passenger.....
Address

Telephone

A parent or guardian must sign this form for drivers or passengers under 18 years of age.

Driver
This entry is made with my consent
Relationship
Name
Address

Signature..... Date.....

Passenger
This entry is made with my consent
Relationship
Name
Address

Signature..... Date.....