



ENTRY FORM

AUSTIN 7 CLUB of South Australia Inc.

February 25th
2018

Mallala Motor Sport Park

ENTRIES CLOSE: Monday Feb 19th

FORWARD ENTRIES TO;

Secretary of the event,
Tony Morgan
8 Bank Crescent
St. AGNES, S.A. 5097

Cheques Payable To: Austin 7 Club of SA Inc.
DO NOT send the entry form to the clubrooms.

Held under the international Sporting Code of the FIA, the National Competition Rules of Confederation of Australian Motor Sport Ltd. (CAMS) the meeting General Supplementary Regulations, and any Further Supplementary Regulations to be issued by the Organisers, and the Race Meeting Standing Regulations. Authorised under CAMS permit No. 518/2502/02.

COMPETITOR	DRIVER
NAME:	Same as Competitor Y <input type="checkbox"/> <i>or</i>
SPONSOR	NAME:
ADDRESS	ADDRESS
.....P/CodeP/Code
PHONE No. B (.....)	PHONE No. B (.....)
PHONE No. P (.....)	PHONE No. P (.....)
PHONE No. M	PHONE No. M
CLUB	CLUB
EMAIL	EMAIL
LICENCE No. LEVEL	LICENCE No. LEVEL
EMERGENCY CONTACT	EMERGENCY CONTACT No.
PHONE No. M	PHONE No. M
SIGN: DATE: / /	SIGN: DATE: / /
AUTOMOBILE:	ALTERNATE DRIVER:
AUTOMOBILE:	NAME:
COLOUR:	ADDRESS
LOG BOOK:P/Code
SWEPT CAPACITY: cc	PHONE No. P (.....)
SUPER or TURBOCHARGED: Y N ROTARY: Y N	PHONE No. M
CALCULATED CC: cc	CLUB
DORIAN #: or <input type="checkbox"/> I would like to hire a Dorian	EMAIL
EXPECTED LAP TIME:	LICENCE No. LEVEL
PREFERRED NO: <i>(no 3 digit numbers)</i>	EMERGENCY CONTACT No.
	PHONE No. M
	SIGN: DATE: / /

Competitor and all Drivers must also lodge a Participant Disclaimer.

Note any person under 18 signing this form will need a parent or guardians to counter sign next to the minors signature **and** record their name and address along with a signature on the rear of this page.

COMPETITION: Group A/B Rookies

Entry fee: \$150 (\$140 for Rookies) (Alternate Driver \$50) less any club discounts, Dorian Hire if required \$35 (Rookies FOC)

Payment can be made by direct deposit provided it is in our account by COB Wednesday before the event:

BSB 085-333, A/C 838545354, Austin 7 Club of SA Inc. Identify your payment with the code "TTM 25Feb [your name]"

Payment Details

Direct Deposit Visa Master Card Cardholders Name

Card Number: Expiry: Signature:

Office Use Only

DATE RECEIVED	ENTRY FEE PAID	RECEIVED BY	ACCEPTANCE DATE	RACING No.