

**SOUTH CANTERBURY CAR CLUB INC**  
**NOVEMBER CLUBDAY RACE MEETING**  
**ENTRY FORM**

Competition Number	Transponder Number
<i>For Race Secretary's Use Only</i>	

PLEASE RECORD THIS ENTRY FOR

**A** Date of Meeting: **11 November 2012** **B** Class Entered

**C** Sponsors (for program):

**D Driver / Entrant Details:**

Driver's Name

First Time Driver (3 or fewer events) *(please tick)*

First Time Competitor at Venue *(please tick)*

Foreign Participant on Non-MSNZ Licence *(please tick)*

Physical Address

Postal Address for Entry Details

Email Address

Telephone - Home	Telephone - Business	Telephone - Mobile	Fax Number
Competition Licence Number	Licence Expiry Date ..... / ..... / .....	Licence Grade: <i>(please tick)</i>	
		<input type="checkbox"/> INT C Grade	
		<input type="checkbox"/> C1 Grade	
		<input type="checkbox"/> C2 Grade	

Financial Member of the following MotorSport NZ Member Club: (Name of club) Club Membership Exp Date: ..... / ..... / .....

Required for statistical purposes Date of Birth: ..... / ..... / .....  
Age Group (please circle appropriate): Under 18 18-25 26-35 36-60 61 plus

**Entrant:** *(to be completed in all cases if Entrant is other than the driver. Licence must be purchased from MotorSport NZ Inc prior to the event in question and presented at documentation)*

Entrant's Name

Postal Address

Email Address

Telephone - Home Telephone - Business Telephone - Mobile

Fax Number Entrants Licence Number Licence Expiry Date ..... / ..... / .....

**E 1 Vehicle Details**

Vehicle Make	Vehicle Model
Colour	Permanent Race No
Capacity in cc	Log Book No (All vehicles)
	Certificate of Description (Schedule K or T&C where applicable)

**E 2 ---FOR HISTORIC OR CLASSIC VEHICLES - PLEASE COMPLETE THE FOLLOWING**

1. Tick appropriate box below to confirm which Appendix Six Schedule the vehicle complies with. .		2. In the appropriate box below to confirm the applicable period classification or group from the Schedule.	
Schedule K		Schedule K Period Classification	
Schedule T & C		Schedule T & C Group	
Schedule CR		Schedule CR period grouping	

*NOTE: Refer to the current Motorsport Manual Appendix Six Section Three Vehicle Classification Part Two for assistance in completing this section of the entry form*

3. Year of Vehicle Manufacture: Note: Actual year of completion of manufacture for this particular vehicle

**F Complete if GST Registered:**

GST Registration No:

Name of Person / Company / Team Registered:

**CONTINUED OVERLEAF ⇨⇨⇨**

**1. Indemnity:**

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree to save harmless and keep indemnified MotorSport New Zealand Inc., The MotorSport Company Ltd., and it's Shareholding Car Clubs, and Race circuit owner / operators. All the owners and tenants of private property traversed, and the respective officials, fellow competitors, servants, representatives and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of myself, my drivers, passengers or mechanics or any other persons whatsoever howsoever caused arising out of or in connection with this entry or taking part in the events this entry covers specified notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the Inviting Club or MotorSport New Zealand Inc or any of their respective officials, servants, representatives or agents or by any other person.

**2. Ability to Control a Vehicle Declaration by Driver:**

I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

**3. Vehicle Conformance with Schedule A Declaration by Driver:**

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below and will be presented on request to an appointed scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

**CATEGORY 1**

**Critical Safety**

- Helmets
- Protective Clothing
- Brakes
- Fire Extinguisher Systems
- Fuel Tanks / Fillers
- Roll Protection
- Road wheels
- Safety Harness / Harness Anchorages
- Seats / Mounts
- Steering
- Suspension
- Tyres

**CATEGORY 2**

**Non-Critical Safety**

- Ancillary Components
- Catch Tanks
- Exhaust System
- Flexible Hoses / Lines
- Reverse Gear
- Starter Motor
- Throttle Return
- Batteries
- Ignition Switch / Circuit Breaker

- Lighting Systems
- Wipers / Demisting
- Wiring
- Bulkheads
- Chassis / Bodyshell / Cockpit
- Exterior Appearance
- Panels / Covers
- Towing Eyes
- Windows

**CATEGORY 3**

**Non Safety**

- Ballast
- Competition Numbers
- Radio Transmitters

I acknowledge that where any breach of the Safety Schedule is found during a Scrutineering Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

**4. Consent:**

I consent to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Race Meetings or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above mentioned event to MotorSport NZ and it's officials.

Signature of Driver:.....Date: .....

Signature of Entrant:.....Date: .....

**FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED PRIOR TO POSTING**

*Note: If Driver and entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent*

**POST THIS ENTRY TO:**

**South Canterbury Car Club  
P.O Box 4008  
Timaru 7942**

*Please make cheques payable to:  
"South Canterbury Car Club."*

Visa/Master/Bankcard Details (tick)

Card Number

Name of Card Holder \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

**TAX INVOICE**

**GST NO: 11-086-934**

**For Office Use Only**

Date Entry Received: ..... / ..... / .....

Receipt Number: .....