|  |  |  |  |
| --- | --- | --- | --- |
| Date | 14 September 2025 | Event | David Ayers Trial |
| Driver Name |  | Driver Club |  |
| Address |  | Membership No |  |
|  | Passenger Club |  |
| Postcode |  | Club Membership No |  |
| Email |  | BTRDA No |  |
| Phone home |  | ASWMC No |  |
| Phone work |  | Driver MSUK No |  |
|  |  | Passenger MSUK No |  |
| Classes | Red indie 1. Red Live 2. Blue Indie 3. Blue Live 4. Rookie/Green 5. Clubman 6.  Post Historic 7 | Class entered |  |
| Passenger Name |  | Car Type |  |
| Address |  | Capacity |  |
|  |  |  |
| PostCode |  | RearTyres/ type |  |
| Email |  |  |  |
| Phone |  |  |  |
|  |  |  |  |

***Please complete all sections***

Held under the National Competition Rules of MotorSportUK ( incorporating the provisions of the International Sporting Code of FIA ) & the supplementary Regulations (which I agree to abide by )

I declare that my car is fitted with a free and uninterrupted differential and no limited slip device is fitted.

|  |  |  |
| --- | --- | --- |
| Driver’s Age |  | To Pay |
| Entry Fee | £45.00 |  |
| Annual Membership Fee | £12.00 |  |
| Passenger Membership Fee | £2.50 |  |
| Total |  |  |

**Payment by Cheque**

Cheques should be made payable to Launceston & North Cornwall Motor Club Ltd.

**Payment by Bacs:**

Account name : Launceston &North Cornwall Motor Club Ltd

Account number 20359616

Sort Code 52-10-42

REF: DAVID AYERS & Entrant’s Name

Please send a fully completed & signed form (including passenger details) to:

Mrs P Gomm, New Haven, Darkey Lane, Lifton, Devon, PL16 ODY

Phone: 01566 784348

Email: gommfamily@btinternet.com

**Entries close on 9 September 2025**

**No entries on the day**

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|  |  |
| --- | --- |
| Driver’s Signature |  |
| Age (if under 18) |  |
| Passenger’s Signature |  |
| Age (if under 18) |  |

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**NOTE: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor.**

THIS ENTRY IS MADE WITH MY CONSENT

|  |  |
| --- | --- |
| Name of Parent or Guardian of driver or passenger\* |  |
| Address |  |
| Postcode |  |
| Signature of Parent or Guardian |  |

**Emergency Contact Details** (required by Police Authority in case of serious accident )

|  |  |  |
| --- | --- | --- |
|  | Contact House Post Code | Phone |
| Driver |  |  |
| Passenger |  |  |