



# Ecurie Cymraeg Silver Jubilee Leukaemia Historic Rally Saturday May 13th 2017

In Support Of The  
Leukaemia Research  
Appeal For Wales

The 25th anniversary of the event run by competitors, for competitors, incorporating the *Leukaemia Targa Rally* for cars upto 1600cc

## ENTRY FORM

### Driver details

### Navigator details

Name		Name	
Address		Address	
Postcode		Postcode	
Email		Email	
Telephone No.		Telephone No.	
Club		Club	
MSA Licence No.		MSA Licence No.	
Next of Kin Contact Details		Next of Kin Contact Details	
Championship	Clubman Premier	Championship	Clubman Premier
Vegetarian Meal	Yes No	Vegetarian Meal	Yes No

### Vehicle Details

Make		Registration No.	
Model		Engine Capacity	
Colour		Year	
Eligible For Amazon Cars Challenge		Class	
Scrutineering Time	Friday Evening	Saturday Morning	

### Insurance

Either	I wish to use the Jelf Insurance Scheme
Or	I have my own extended insurance for the duration of the event

If you are using your own insurance please give details below

Company		Policy Number	
Address			

### Fees Payable

Entry Fee ( <b>Leukaemia Historic Rally</b> ) £120.00 – Closing date Sunday 7 <sup>th</sup> May 2017	
Entry Fee ( <b>Leukaemia Targa Rally</b> ) £120.00 – Closing date Sunday 7 <sup>th</sup> May 2017	
Jelf Insurance £20.00	
Ecurie Cymraeg Membership £7.00 per person	
Donation for Leukaemia Research Appeal For Wales	
<b>Total £</b>	

Preferred payment method is by bank transfer to the following account (quoting drivers name as a reference)

<b>HSBC</b>	<b>Sort Code: 40-12-15</b>	<b>Account No: 41366122</b>	<b>Account Name: Ecurie Cymraeg Leukaemia</b>
-------------	----------------------------	-----------------------------	---

Cheque payments are also acceptable; please make cheques payable to Ecurie Cymraeg Rally



# Ecurie Cymraeg Silver Jubilee Leukaemia Historic Rally Saturday May 13th 2017

In Support Of The  
Leukaemia Research  
Appeal For Wales

The 25th anniversary of the event run by competitors, for competitors, incorporating the *Leukaemia Targa Rally* for cars upto 1600cc

## ENTRY FORM

**Seeding Information – Please continue on a separate sheet if necessary**

Event	Date	Pos. Overall	Pos. Class

### 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. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

I declare that the use of the vehicle entered will be covered by insurance as required by law, which is valid for such part of this event as shall take place on roads as defined by the law.

If I am the Parent/Guardian/Guarantor of the driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.(D 13.1.1(c) )

As the Parent/Guardian/Guarantor 'I confirm that I have acquainted myself and the minor with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maximum set out in Part 3, Appendix 1.'

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 as appropriate.

I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

Drivers Signature		Parent / Guardian Details		Parent/Guardian Signature	
		Name			
		Address			
Date				Date	
Age If Under 18					

Navigators Signature		Parent / Guardian Details		Parent/Guardian Signature	
		Name			
		Address			
Date				Date	
Age If Under 18					

**Please send completed Entry Form and any cheques or further information to the entries' secretary  
Catherine Griffiths, 17 Highfield, Goytre, Nr Pontypool, Gwent. NP4 OBG  
Mobile Number: 07774 235660 Email: [catherine.griffiths2@wales.nhs.uk](mailto:catherine.griffiths2@wales.nhs.uk)**