
***** _____ RACE - ENTRY FORM ***** RACE NUMBER _____

FULL NAME _____ AGE _____

ADDRESS _____

PHONE NUMBER _____ VEHICLE REG _____

CLUB _____

CATEGORY (tick as appropriate)

Male _____ Junior _____ Intermediate _____ V40 _____ V45 _____ V50 _____ V60 _____ V70 _____

Female _____ Junior _____ Intermediate _____ LV40 _____ LV45 _____ LV50 _____ LV60 _____

I understand that this race is held in accordance with the rules and safety requirements of the FRA. I am aware of the organiser's information and stipulations and I accept that any injury occurring to me during the course of the race is in no way the responsibility of the race organiser.

SIGNED _____
