2011 RECCE ONLY REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

Any driver holding the appropriate international licence may apply to take part in reconnaissance for Wales Rally GB. The regulations regarding reconnaissance must be respected in their entirity and the Organisers must approve the application.

CONTACT DETAILS

Contact Name			
Tel No		Email Address	
Postal Address			

☐ Please post all passes/documents to the above address

☐ I will collect all passes/documents from Rally HQ, Cardiff on Sunday

☐ I will collect all passes/documents from the Rally Office, Builth Wells on Sunday

Driver Name		Competition Licence No		Issued by	
Co-driver Name		Competition Licence No		Issued by	
On-Event Tel No					

CAR DETAILS

Car Details	Make		Model	
	Colour		Reg No	

DECLARATION

I declare that I have read the 2011 FIA World Rally Championship Regulations 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 event and the potential risk inherent with motor sport and agree to accept that risk. To the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached. The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law.

Signed (driver) _____ Date: _____

Signed (co-driver) _____ Date: _____

For drivers under the age of 18
Parent/Guardian/Guarantor signature _____ Date: _____

THE FEE FOR TAKING PART IN RECONNAISSANCE ONLY IS €1000 (INCLUDING VAT)

I wish to pay by (please tick):

Cheque: ☐ Please make cheques payable to INTERNATIONAL MOTOR SPORTS LTD.

Debit Card: ☐ Please complete the debit card section below.

Credit Card: ☐ Please complete the credit card section below. A 2.5% processing fee will be added to all credit card payments.

I wish to pay by Visa/Delta/Eurocard/Mastercard/Maestro: I authorise you to debit my account with the amount of £_____

Card Number: | | | | | | | | | | | | | | | | | | | | |

Security Code: Last 3 digits on back of card | | | |

Issue Number: Maestro/Switch only | |

Start Date: (if shown) | | | | |

Expiry Date: | | | |

Name (as on card): .....

Cardholder's Address: .....

..... Post Code: .....

Signature: ..... Telephone: .....

PLEASE SEND YOUR FORM TO

WALES RALLY GB OFFICE • MOTOR SPORTS HOUSE • RIVERSIDE PARK • COLNBROOK • SL3 0HG • UK

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