



6 Hour Relay Regularity

Wakefield Park Circuit

16th & 17th July 2011

ENTRY FORM PART "A" TEAM REGISTRATION

(PLEASE NOTE: THIS MUST BE ACCOMPANIED WITH ENTRY FORMS PART "B"
COMPETITOR/DRIVER DETAILS)

Team Name:	Car Club:
Team Manager:	
Address:	Mobile Number:
Suburb: State: Postcode:	A/Hour Phone Number:
E-mail Address:	
Team Manager Signature:	

Team Details

NAME	CAR NO.	CAR MAKE/ MODEL	Capacity
Driver 1	A		CC
Driver 2	B		CC
Driver 3	C		CC
Driver 4	D		CC
Driver 5	E		CC
Driver 6	F		CC



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ENTRY FORM PART "B" COMPETITOR / DRIVER DETAILS

(PLEASE NOTE: YOU WILL NEED TO COPY THIS FORM AND HAVE IT COMPLETED BY EACH DRIVER IN YOUR TEAM)

TEAM NAME (Must refer to Form A)			
Competitor (Owner of Vehicle)	Licence No.	Level:	
Address:	Post Code:	Phone:	
Driver:	Date of Birth:	Licence No:	Level:
Address	Post Code:	Phone:	
E-mail			
Have you previously competed in a Relay Regularity?	Yes	No	
Make of Car:	Model:	Capacity: cc	Colour:

ENTRANTS DISCLAIMER AND DECLARATION

<p>I/Weof.....</p> <p>.....being the entrant/s of the vehicle described on this entry form wish to enter that vehicle for the above mentioned meeting. I/We declare that the particulars on this form are true and correct in every particular, to the best of my/our Knowledge and belief</p> <p>You are invited to seek legal advice before signing this document.</p>	<p>Signature of Entrant</p> <p>Date:</p>
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ENTRANTS AND DRIVER DISCLAIMER AND DECLARATION

<p>"I/We have read and understood the Invitation to Race issued for this Meeting and agree to be bound by them and by the National Competition Rules of the Australian Auto-sport Alliance Inc. (AASA)</p> <p>I/We know that motor sport is dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.</p> <p>I/We also acknowledge and agree that neither Australian Auto-sport Alliance Inc, nor the promoters nor the sponsor organisations, nor the land owners or lessees, nor the organisers of the race meeting/event, nor their respective servants, officials, representatives or agents (all of whom shall collectively be called "the Organisers"), shall be under any liability for my death, or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event,.</p>	<p>Signature of Entrant</p> <p>Date</p> <p>Signature of Driver</p> <p>Date</p>
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Wakefield Park Motorsport

P O Box 151
Goulburn NSW 2580
Phone: (02) 48222811
Fax: (02) 48222812
Web: www.wakefieldpark.com.au

6 Hour Relay Regularity PAYMENT DETAILS

TEAM ENTRY FEE: \$ 1,500 (includes 1 pit lane garage bay)

TEAM NAME: _____

TEAM MANAGER: _____

ADDRESS: _____

TOWN: _____ STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

E-MAIL: _____

Eftpos/Cheque \$ _____	VISA	MASTERCARD BANK CARD	Exp date ____/____																
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Signature _____		All payments made payable to Wakefield Park Motorsport																	