

THE THAMES VALLEY TOUR

Sunday 16th July 2023

Entry Form

Please complete using Block Capitals

Driver Name:

Address

.....

Telephone

E-mail address.....

(Will not be used for any purpose other than for this event, this year and in the future.

Please tick here if this is not acceptable.)

Special Dietary Requirements:

Passenger Name:

Address.....

.....

Telephone

Special Dietary Requirements:

Extra Passengers: /

Please give details of a person to be contacted in the event of a serious accident.

Name Phone

Car (Make/Model):

Registration Number:.....

Year of first Registration:..... Colour:.....

Please sign the declaration overleaf.

I declare that I have been given the opportunity to read the General Regulations for Motorsport UK (*Available on-line at www.motorsportuk.org*) 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.

I declare that the use of the vehicle hereby entered will be 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.

I declare that the information given on this form is correct.

I further declare that this vehicle is taxed and MOT'd as required.

Signature of Driver..... Date.....

Signature of Passenger..... Date.....

I enclose my entry fee for the car and two people **£58.00**

plus extra passenger(s) @ £21 each (if applicable) **+**

Total

Mail with cheque to:- Clive Brooks, 17 Highfields, Earley, Reading, RG6 5RZ, **or** email to brooks.c2@sky.com and pay by bank transfer.

(Cheques should be payable to Classic Harvest Tour or bank transfer to Account No. 86054430, Sort Code 51-81-22. Please add your name as a reference.)