TE KAUNIHERA O MANUKAU CITY COUNCIL

OFFICAL USE ONLY		
Date Received:	Audit	
25/10/2010	YES	
Entry Confirmed: YES NO	Comp. No:	

SPORTS CAR CLUB OF NEW BEALAND INC.

CLUBSPORT



VENUE: MANUKAU CITY

DATE: 25TH OCTOBER 2010

A Driver Details
Driver's Name:
Address (not PO Box No.):
Telephone – Home: () Bus: ()
Email address:
Competition Licence Class: N/R Licence. No: N/R
Club SCCNZ Expiry Date: 31/05/2011
Is your Civil Driver's Licence valid: YES NO
Required for statistical purposes: Male Female
Age Group: Under18 18-25 26-35 36-60 61+
Date of Birth (if under 18)://
Are you a "First Time" Competitor: YES
B Vehicle Details
Vehicle Make:Model & Year:
Vehicle Primary Colour: Capacity in cc:
Preferred Competition No:

ENTRY FORM

EVENT: DEMONSTRATION EVENT (Autocross)

ENTRY FEE: NO CHARGE

1. Indemnity:

I have received the Supplementary Regulations and all other Regulations and Articles as required for my entry to this Meeting or Event and agreed to be bound by them. In consideration of the acceptance of this entry and of my being permitted to take part in this Meeting or Event,

I agree to save harmless and keep indemnified Sports Car Club of New Zealand Incorporated, Manukau City Council. all owners and tenants of private property traversed, and the respective officials, fellow competitors, servants, representatives and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of myself, my drivers, passengers or mechanics or any other persons whatsoever or howsoever caused, arising out of or in connection with this entry or taking part in the events this entry covers, notwithstanding that such death, injury, loss or damage, may have been contributed to or caused by the negligence of the Sports Car Club of New Zealand Inc. Manukau City Council, or any of their respective officials, servants, representatives or agents, or by any other person.

2. Ability to Control a Vehicle - Declaration by Driver:

I declare that should I at the time of any event this entry form relates to, be suffering from any disability of any kind, whether permanent or temporary, which is likely to detrimentally affect my control of my vehicle or my fitness to drive same, I will not participate in that event.

3. Vehicle Conformance with Safety Schedules – Declaration by Driver:

I declare that the vehicle detailed in this entry form complies with the vehicle safety items set out below and will be presented on request to an appointed Scrutineer or Technical Officer and, in lieu of any other safety requirements, complying at all times with the safety and eligibility requirements detailed in the MotorSport New Zealand Incorporated National Sporting Code, its Appendices and Schedules.

CATEGORY 1 - Critical Safety Helmet and Overalls Safety Harness Roll Protection	Seat(s) and Mountings Fire Extinguisher Wheels and Tyres	Braking System Steering System		
CATEGORY 2 - Non-Critical Safety				
Engine and Transmission Lubrication and Cooling System	Power Unit Mounts Fuel Tank	Battery Throttle Return		
Ignition Switch/Circuit Breaker Interior Cockpit fittings	Beverse Gear	Rain/Tail Lamp		
Front Doors	Bulkhead	Starter Motor		
Rear Vision Mirrors Body Condition and Suspension (Wipers and Demisters not affecting Critical Safety items)	Oil Catch Tank		
CATEGORY 3 - Non Safety	,			
Competition Numbers Body Appearance and Aerodynam	Sponsorship Decals nic Aids	Exhaust System		

I acknowledge that where any breach of the Safety Schedule is found during a Scrutineering Audit, I will be subject to penalties detailed under the Constitution of the Sports Car Club of New Zealand Inc; my signature below indicates my acceptance of this undertaking.

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

Privacy Act 1993 – Application Not withstanding the requirements of the Sports Car Club of NZ Inc. to collect data from this form for statistical and event organizational purposes, Sports Car Club of NZ Inc. may also wish to use and publish competitor names and vehicle details for the purpose of producing event results and a magazine article relating to this event. Do you consent to the compilation & publication of this information (please tick):		
You have the right under the Act to access and correct this information.		

IMPORTANT NOTICE: If any of the above signatories is under the age of 18
years, then they must have the following completed by an authorised person:

	01
(name)	(address)

being the parent/guardian	
- · · ·	

of.....do hereby (full name of underage competitor)

consent to his/her participation in this event.

I.

SignedDate