



ENTRY FORM

TO COMPETE IN A C.T.R.A. TITLE ALLOCATION

ALL APPLICANTS MUST BEAR PROOF OF APPLICANT'S MEMBERSHIP OF AN AFFILIATED CLUB

SURNAME: ^{Mr.} _____ FULL FIRST NAMES: _____
(Print Clearly) ^{Ms.} _____
 ADDRESS: _____ EMAIL: _____
 TELEPHONE: (Home) _____ (Bus) _____ DATE OF BIRTH: _____

I AM APPLYING FOR ENTRY TO THE FOLLOWING TITLE

Grade & Title: _____	CTRA Licence Number:
Car Number: _____	CTRA Home Track:
Car Colour : _____	Amount Paid (if applicable):..... \$40.00

Indemnity

I DO HEREBY AGREE to save harmless and keep indemnified the CIRCLE TRACK RACING ASSOCIATION, and their affiliated clubs, and their respective officials, servants, representatives and agents from and against all losses, actions, claims, expenses and demands:

(a) arising out of the failure of the Applicant to observe the National Competition Rules of CTRA or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.

(b) In respect of death, injury, loss of or damage to the person or property of the Applicant, his drivers, passengers or mechanics or the owner of the car being driven or operated by him or them or of any other person whatsoever howsoever caused arising out of or in connection with the entry of the Applicant or his taking part in any motor sports meeting for which the entry will be required notwithstanding that such death, injury, loss or damage may have been contributed to or occasioned by the negligence of the Association or Promoter/Club or their respective officials, servants, representatives or agents or any other person AND I ACKNOWLEDGE that this undertaking is given for valuable consideration and is by way of indemnity and not by way of guarantee AND I AGREE that this indemnity will continue in force and cannot be withdrawn by me until the 30th June 2011.

SIGNATURE OF APPLICANT: _____ DATE AT: _____ ON: _____

Under Age Applicant

Where the signatory to any of the indemnities and/or declarations is under the age of 20 years, the following certificate shall be completed and signed by the parent or guardian.

PARENT/GUARDIAN: _____ DATE: _____

please send your completed entry form to:

CTRA CLUB HOLDING TITLES:

Whangarei Saloon and Stock Car Club

ADDRESS:

PO BOX 227, Whangarei 0110

EMAIL:

whangareispeedwayclub@hotmail.com

PHONE:

Secretary – Moana 02108181593