Competition Number
For Race Secretary's Use Only

SOUTHLAND SPORTS CAR CLUB INC.

SEPTEMBER RACE MEETING

ENTRY FORM – SIERDC only

PLEASE RECORD THIS ENTRY FOR

A	**Date of Meeting: 8 - 9 September 2017**	**B**	**Class Entered**
C	**Sponsors** (for program)**:**		**SIERDC 1 Hour** ☐ **SIERDC 3 Hour** ☐

D Driver / Entrant Details:

Driver No. 1

First Time Driver (3 or fewer events) *(please tick)* ☐

First Time Competitor at Venue *(please tick)* ☐

Foreign Participant on Non-MSNZ Licence *(please tick)* ☐

Physical Address		
Postal Address for Entry Details		
Email Address		
☎ - Home	☎ - Business	☎ - Mobile
Competition Licence No:		Expiry Date ..... / ..... / .....
Licence Grade: (please tick)	☐ **C1 Grade** ☐ **C2 Grade**	☐ **INT C Grade**
Financial Member of the following MotorSport NZ Member Club: (Name of club)		Club Membership Exp Date: ..... / ..... / .....
Currently is your NZ civil drivers licence disqualified?	Y / N	*If YES, than you must sign a declaration at Documentation as per NSC 43(2)(b)*

Required for statistical purposes — Date of Birth: ..... / ..... / .....

Age Group (please circle appropriate): Under 19 19-25 26-35 36-60 61 plus

Emergency	Name:	Relationship:
Contact:	Contact Telephone Number:	

Driver No. 2 (Endurance Only)

First Time Driver (3 or fewer events) *(please tick)* ☐

First Time Competitor at Venue *(please tick)* ☐

Foreign Participant on Non-MSNZ Licence *(please tick)* ☐

Physical Address		
Postal Address for Entry Details		
Email Address		
☎ - Home	☎ - Business	☎ - Mobile
Competition Licence No:		Expiry Date ..... / ..... / .....
Licence Grade: (please tick)	☐ **C1 Grade** ☐ **C2 Grade**	☐ **INT C Grade**
Financial Member of the following MotorSport NZ Member Club: (Name of club)		Club Membership Exp Date: ..... / ..... / .....
Currently is your NZ civil drivers licence disqualified?	Y / N	*If YES, than you must sign a declaration at Documentation as per NSC 43(2)(b)*

Required for statistical purposes — Date of Birth: ..... / ..... / .....

Age Group (please circle appropriate): Under 19 19-25 26-35 36-60 61 plus

Emergency	Name:	Relationship:
Contact:	Contact Telephone Number:	

CONTINUED OVERLEAF ⇨⇨⇨

Driver No. 3 (Endurance Only)		First Time Driver (3 or fewer events) *(please tick)* ☐ First Time Competitor at Venue *(please tick)* ☐ Foreign Participant on Non-MSNZ Licence *(please tick)* ☐	
Physical Address			
Postal Address for Entry Details			
Email Address			
☎ - Home	☎ - Business	☎ - Mobile	
Competition Licence No:		Expiry Date ..... / ..... /	
Licence Grade: (please tick)	☐ **C1 Grade**	☐ **C2 Grade**	☐ **INT C Grade**
Financial Member of the following MotorSport NZ Member Club: (Name of club)		Club Membership Exp Date: ..... / ..... /	
Currently is your NZ civil drivers licence disqualified?	Y / N	*If YES, than you must sign a declaration at Documentation as per NSC 43(2)(b)*	
Required for statistical purposes Age Group (please circle appropriate): Under 19 19-25 26-35 36-60 61 plus		Date of Birth: ..... / ..... /	
Emergency	Name:	Relationship:	
Contact:	Contact Telephone Number:		

Entrant: *(to be completed in all cases if Entrant is other than the driver. Licence must be purchased from MotorSport NZ Inc prior to the event in question and presented at documentation)*		
Entrant's Name		
Postal Address		
Email Address		
☎ - Home	☎ - Business	☎ - Mobile
Fax Number	Entrants Licence No.	Licence Expiry Date ..... / ..... / .....

E 1 Vehicle Details			
Vehicle Make & Model		Colour	
Capacity in cc	Permanent Race No.	Transponder No.	
Log Book No *(All vehicles)*		Certificate of Description *(Schedule K or T&C where applicable)*	
E 2 ----FOR HISTORIC OR CLASSIC VEHICLES - PLEASE COMPLETE THE FOLLOWING			
***1**. Tick appropriate box below to confirm which Appendix Six Schedule the vehicle complies with. .*		***2.** In the appropriate box below to confirm the applicable period classification or group from the Schedule.*	
Schedule K		Schedule K Period Classification	
Schedule T & C		Schedule T & C Group	
Schedule CR		Schedule CR period grouping	
NOTE: Refer to the current Motorsport Manual Appendix Six Section Three Vehicle Classification Part Two for assistance in completing this section of the entry form			
3. Year of Vehicle Manufacture:	*Note: Actual year of completion of manufacture for this particular vehicle*		

F Complete if GST Registered:	
GST Registration No:	
Name of Person / Company / Team Registered:	

CONTINUED OVERLEAF ⇨⇨⇨

1. Indemnity:
I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.
In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, **I agree** not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, race and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together **"the Indemnified Parties"**) in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

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 automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:
I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

Critical Safety	Non-Critical Safety		Non Safety
• Helmet • Head & Neck Restraint • Protective Clothing • Safety Harness • Window Net(s) • Roll Bar / Safety Cage • Seat(s) and Mounts • Fire Extinguisher • Wheels and Tyres • Brake System • Steering & Suspension Systems • Fuel Tank(s) / Fillers / Lines	• Engine & Transmission Mounts • Flexible Fluid Lines & Hoses • Throttle Return (Failsafe) • Engine Starter Operation • Reverse Gear Operation • Exhaust System • Oil Catch Tank(s) • Electrical Wiring • Ignition / Circuit Breaker • Battery • Lighting Systems • Brake Lights	• Rear Lights / Rain Lights • Bodyshell / Chassis Condition • Exterior Appearance • Panels / Covers • Doors • Windows • Wipers & Demisting • Rear Vision Mirrors • Aerofoils & Spoilers • Cockpit Construction / Fittings • Bulkheads • Tow Eyes	• Ballast (Security) • Competition Numbers • Registration & WOF Labels • LVV / MSNZ Authority Card • LVV Plate • Optional Equipment

I acknowledge that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

4. Consent:
I consent to the details contained on this form being held by MotorSport New Zealand Inc and/or the Inviting Clubs for the purpose of the promotion and benefit of the Race Meetings or Events concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.
I also authorise the medical providers of the event to disclose medical information relevant to illness or injury sustained during the above mentioned event to MotorSport NZ and its officials.

Signature of Driver No. 1:.....**Date:** ……

Signature of Driver No. 2:.....**Date:** ……

Signature of Driver No. 3:.....**Date:** ……

Signature of Entrant:.....**Date:** ……

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO POSTING
Note: If Driver and Entrant are the same, only one signature is required to cover the (1) Indemnity, (2 & 3) Declarations and (4) Consent

CONTINUED OVERLEAF ⇨⇨⇨

PAYMENT DETAILS –

FEES PAID (Please ☑)

Entry Fee (1 hour)	$250.00	☐	Extra Passes	$10.00	☐	No. required ____
Entry Fee (3 hour)	$505.00	☐	Transponder Hire	$30.00	☐	
Late Fee	$ 50.00	☐	Friday Testing	$70.00	☐	

POST THIS ENTRY TO: Secretary of the Meeting
Southland Sports Car Club Inc.
PO Box 543
Invercargill 9840

Ph: 03 2130522
Email: info@teretonga.org.nz

Please make cheques payable to *"Southland Sports Car Club Inc."*

Bank A/c Details: 03-1750-0196035-00 (*please use driver name as reference*)

Credit Card Details:

Visa/Master/Bankcard Details (circle)

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Name of Card Holder_____Expiry Date_____

Signature _____Amount $_____

TAX INVOICE **GST NO: 49-621-531**

For Office Use Only

Date Entry Rec'd: ..... / ..... / ..... **Payment Type**: Chq/Cash/ Eftpos/Direct Credit **Payment Rec'd**: $ ..... …….