



| Competition Num | ber |
|--------------------------|------|
| | |
| | |
| | |
| | |
| For Race Secretary's Use | Only |

SOUTHLAND SPORTS CAR CLUB INC.

Evolution Motorsport Classic Speedfest 2019 ENTRY FORM

PLEASE RECORD THIS ENTRY FOR

| A Date of | A Date of Meeting: 15-17 February 2019 B Transponder No.: | | | | | | | | |
|--|---|--------------------|---|--------------------------------|------------------------|------------------------------|--------------------------|----------------------------|---------|
| C Driver / | | | | | | | | | |
| Last Name* | | | | | Firs | t Time Driv | er (3 or fewer | events) (please tic | k) 🗆 |
| Last Name | • | | | | | First Time | Competitor at | t Venue <i>(please tic</i> | k) 🗆 |
| First Name*: | | | Foreign Participant on Non-MSNZ Licence (please tick) | | | | k) 🗆 | | |
| Email Address | *: | | | | | Date | of Birth*: | | |
| Physical Addres | SS | | | | | | | | |
| Postal Address | for Entry Details | 3 | | | | | | | |
| 🕿 - Home | | * - | - Business | | | | | | |
| Competition Lic | cence No: | | | | Expiry Date / / | | | | |
| Licence Grade: | (please tick) | □ IN1 | Γ C Grade | | | □ C2 Gra | ıde | ☐ C1 Grade | |
| | er of the following | ng MotorSport N | NZ Member (| Club: | | | | lembership | |
| (Name of club) | | | | | | If VES | Expiry | Date:/. sign a declaration | / at |
| - | ır NZ civil drivers | • | lified? Y | ′ / N | | | | per NSC 43(2)(b) | а: |
| • | atistical purposes ase circle appropria | | 9 19-25 | 26-3 | 35 | 36-60 | 61 plus | | |
| Emergency | Name: | | | | Relationship: | | | | |
| Contact: | Contact Telepl | hone Number: | | | <u>i</u> | | | | |
| | e completed in a | all cases if Entra | | | | | must be purcha | ased from MotorSp | ort NZ |
| Inc p Entrant's Name | rior to the event | in question and | d presented a | at docum | enta | ition) | | | |
| Postal Address | | | | | | | | | |
| Email Address | | | | | | | | | |
| ☎ - Home | | 🕿 - Bus | iness | | ☎ - Mobile | | | | |
| Entrants Licenc | o Numbor | | | Licence Expiry Date / | | | | | |
| D 1 Vehicle | | | | | LIC | ence Expiry | / Date | / / | |
| Vehicle Make*: | | | | | Vehicle Model*: | | | | |
| Chassis Numbe | er*: | | | | Log | g Book No | | | |
| | | D | ····· | | (All vehicles) Colour: | | | | |
| Capacity in cc: Permanent Race No.: | | | | | Co | iour: | | | |
| Turbo \square | Rotary \square | Petrol \square | Methanol | | | rt. of Descri hedule K or | iption T&C where appl | licable) | |
| D 2FOR HISTORIC OR CLASSIC VEHICLES - PLEASE COMPLETE THE FOLLOWING | | | | | | | | | |
| Tick appropriate box below to confirm which Appendix Six Schedule the vehicle complies with. In the appropriate box below to confirm the applicable period classification or group from the Schedule. | | | | | | | | | |
| Schedule K Sch | | | chedule | hedule K Period Classification | | | | | |
| | | | | dule T & C Group | | | | | |
| Schedule CR Schedule CR period grouping NOTE: Refer to the 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 | | | | | | | | | |
| 4. Previous Historic Racing Experience (Please list below the last 3 events you have competed in within the last 12 months) | | | | | | | | | |
| | tono raomy Exp | • | | | - | | • | ano last 12 monalo) | |
| Date: Date: | | | | | | | | | |

CONTINUED OVERLEAF ⇒⇒⇒

Form: 2019 Entry Form - Teretonga.Docx

Date: 02/18

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

| 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 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 | | | | | |
| Lackney ladge that where any breach of the Cafety Cahadula is found during a Cafety Audit Lwill be subject to populities under the National | | | | | | | |

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: | 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 ⇒⇒⇒

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Date: 01/18



EVOLUTION MOTORSPORT CLASSIC SPEEDFEST 2019

| CLAS | S ENTERED: | | | | | | | |
|---|-------------------------|------|-----------------------|-----------------------|---|---------------|---|--------|
| | Classic Saloons | | | Historic Touring Cars | | | Club Saloons | |
| | Sports Cars | | | Formula Junior | | | Pre 65 Saloons | |
| | Racing Cars | | | HISTOII | Historic Muscle Cars | | | |
| | | | | | | | | |
| PAYM | IENT DETAILS: | | | | | | | |
| FEES | PAID (Please ☑) | | | | | | | |
| | Entry Fee | | \$370.00 | | Transponder Hire | \$30.00 | | |
| | Extra Class Late Fee | | \$100.00 \$ 50.00 | | Extra Admission Pas Extra Function Ticke | · | □ No. required□ No. required | |
| Maria | | | • | | | • | · | |
| Note: SSCC | Accident Assistance | - | _ | iub Saio | ons may include \$40 | with their en | try tee tor inclusion | in the |
| MERC | HANDISE (Please ☑ |) | | | | | | |
| | Competitive Spirit D | | \$30.00 | | | | | |
| | Teretonga Park Cap |) | \$25.00 | | | | | |
| | | | | | | | | |
| POST | THIS ENTRY TO: | | retary of the | | • | | | |
| | | | thland Spo Box 543 | rts Car C | Jub Inc. | | | |
| | | | ercargill 984 | .0 | | | | |
| OR EN | IAIL: | info | @teretonga | .org.nz | | | | |
| Please make cheques payable to "Southland Sports Car Club Inc." | | | | | | | | |
| Bank A | √c Details: | 03- | 1750-01960 | 35-00 (µ | olease use driver nan | ne as referen | nce) | |
| Dank ve Detaile. | | | | | | | | |
| | Card Details: | | | | | | | |
| Visa/Master/Bankcard Details (circle) | | | | | | | | |
| Card Number | | | | | | | | |
| Name of Card HolderExpiry Date | | | | | | | | |
| Signatur | SignatureAmount \$ | | | | | | | |
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| | 7 | | | <u> </u> | | | | |
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TAX INVOICE GST NO: 49-621-531
For Office Use Only

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