

# Official Entry Form: CSMA Track Day

## Castle Combe Circuit : Tuesday 18<sup>th</sup> May 2010

**DRIVER / RIDER**

Name:..... Home Phone No:.....

Address: .....

..... Post Code:.....

E-mail Address:.....

CSMA Club Membership No. :.....

CSMA Club Group:.....  
(if affiliated to one)

**PASSENGER / NAVIGATOR**

Name: .....

Home Phone No. :.....

**VEHICLE**

Car Entry  Motorcycle Entry  (tick relevant box)

Make & Model:.....

Year:.....

MOT expiry date (if applicable):.....

Registration No.:.....

**SKILL LEVEL**

Novice  Some Experience  Expert  (please tick relevant box)

**PAYMENT**

Please enclose a cheque for £110 per Driver/Rider, £130 per non-member Driver/Rider made payable to 'CSMA North London Centre'. Entries should be sent with payment and completed entry form to:

AG Goddard, (Track Day) 2 ARNSIDE CLOSE, TWYFORD, BERKS, RG10 9BS.

**\*\* Closing date: Tuesday 4<sup>th</sup> May 2010 \*\***

**INDEMNIFICATION**

*In consideration of the acceptance of my entry for the above event, I hereby undertake to hold harmless and indemnify CSMA Club, and all Event officials and agents from all claims that may arise from my participation in this event - howsoever caused.*

Driver's Signature.....

Date.....