



ORGANISERS USE ONLY	
Group	Class
Entry Order Received	Allocated Comp No

# Rally Gisborne

## ENTRY FORM

PLEASE RECORD THIS ENTRY FOR

<b>A: 7 August 2010</b>		<b>B: Class Entered:</b>	
<b>C: Sponsors:</b>			
<b>D: DRIVERS AND ENTRANT DETAILS</b>			
<i>Please print in block letters</i>	<b>NO 1 DRIVER</b>	<b>NO 2 DRIVER</b>	<b>ENTRANT</b>
Last Name			
First Names			
Physical Address: <i>Street / Town / City</i>			
Postal Address for Event details			
Correspondence to be sent to: <i>Please tick one</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Contacts: <i>Business</i>			
<i>Private</i>			
<i>Fax</i>			
<i>Cellphone</i>			
<i>Email address. Is this your preferred form of communication YES/NO</i>			
<b>New Competitor Briefing:</b> <i>If contested less than three rallies attendance is compulsory</i>	Please tick here if you are required to attend the briefing: <input type="checkbox"/>	Please tick here if you are required to attend the briefing: <input type="checkbox"/>	
Competition Licence No			
Licence Grade			
Expiry Date Of Comp. Licence			
Financial Member Of <i>(Name Of Car Club)</i>			
Civil Drivers Licence No			
Age Group <i>(Please Circle Applicable Group)</i>	Under 18; 18-25; 26-35; 36-60; 60 Plus	Under 18; 18-25; 26-35; 36-60; 60 Plus	
Foreign Participant on Non-MSNZ License	Y / N	Y / N	
<b>E: VEHICLE DETAILS</b>			
Vehicle Make:		Vehicle Model:	
Engine Capacity (cc's):	Year of Manufacture:	Colour of vehicle:	Registration No.
Champ / Series Registration No			Log Book No.
<b>F: PAST EXPERIENCE TO ASSIST WITH SEEDING</b> <i>[Record here brief details of seeding and finish order in last three events entered]</i>			
<b>Event:</b>	<b>Seeded:</b>	<b>Finish position:</b>	
<b>Event:</b>	<b>Seeded:</b>	<b>Finish position:</b>	
<b>Event:</b>	<b>Seeded:</b>	<b>Finish position:</b>	
<b>G: STAGE NOTES</b>			
Stage Notes are to be ordered directly from Neil Allport Motorsport using the Stage Note Request Form. <i>For administration purposes, please indicate if you will be ordering Stage Notes.</i>		<b>YES:</b>	<b>NO:</b>

CONTINUED OVERLEAF ⇨⇨⇨

<b>H: PAYMENT</b>			
<b>ENTRY TYPE</b>	<b>AMOUNT</b>	<b>CLOSING DATE</b>	<b>Payment Type</b>
Normal Entry Please advise whether paying by Direct Credit, Cheque or Credit Card. <i>(Please note that 3% will be added to Credit Card payments)</i>	\$525.00	Friday 23 July	
Late Entry Please advise whether paying by Direct Credit, Cheque or Credit Card. <i>(Please note that 3% will be added to Credit Card payments)</i>	\$625.00	Friday 30 July	

**1. Indemnity:**

**I have received** the Supplementary Regulations and all other regulations or Articles as determined in Appendix Three Schedule R for our entry to this Rally Event and agreed 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 our being permitted to take part in the Meeting or Event detailed, **I agree** to save harmless and keep indemnified the FIA, MotorSport New Zealand Inc., The MotorSport Company Ltd, Rally New Zealand, The Meeting or Event Organising / Inviting Club or Clubs, all the 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 howsoever caused arising out of or in connection with this entry or taking part in the events this entry covers specified notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the Inviting Club or MotorSport New Zealand Inc or the FIA 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 automobile or my fitness to drive, I will not participate.

**3. Vehicle Conformance with Schedule A Declaration by Driver:**

**I declare** the vehicle detailed on 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 complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

**CATEGORY 1**

**Critical Safety**

- Helmets and Overalls
- Seats and Mountings
- Braking System
- Safety Harnesses
- Fire Extinguisher
- Steering System
- Roll Cage
- Wheels and Tyres
- Fuel Tank/ lines and fillers
- Safety triangle
- First Aid kit

**CATEGORY 2**

**Non-Critical Safety**

- Engine and Transmission
- Power Unit Mounts
- Lubrication and Cooling Systems
- Battery
- Ignition Switch/Circuit Breaker
- Interior Cockpit Fittings
- Throttle Return

- Body Condition and Suspension (not affecting Critical Safety items)
- Lighting systems
- Front Doors
- Bulkhead
- Rear Vision Mirrors
- Starter Motor
- Wipers and Demister

**CATEGORY 3**

**Non Safety**

- Competition Numbers
- Sponsorship Decals
- Exhaust System
- Body Appearance and Aerodynamic Aids
- MotorSport/LVV Authority Card

**I acknowledge** that where any breach of the Safety Schedule is found during a Scrutineering 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 The MotorSport Company Ltd, Rally New Zealand Ltd, and/or the Inviting Clubs for the purpose of the promotion and benefit of the Rally Event(s) 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 injury or illness sustained during the above mentioned event to MotorSport NZ and it's officials.

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

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

**Signature of Entrant:**..... **Date:** ..... / ..... / .....

[For entry to be valid please ensure that all signatures are completed prior to posting]

**POST ENTRY TO:**

Rally Gisborne  
PO Box 62-021  
Mt. Wellington  
Auckland 1641

**PLEASE MAKE CHEQUES PAYABLE TO:**

Rally New Zealand  
or Direct Credit to  
ASB Bank 12-3011-0203851-00  
Please use the drivers sumame as a reference

**TAX INVOICE**

**GST No. 25-256-611**