

Competition Number
<i>For Race Secretary's Use Only</i>

NZ Festival of Motor Racing – Legends of Bathurst

January 12th/ 13th 2019

MyLaps Transponder Number

PLEASE RECORD THIS ENTRY FOR
(Please tick which you class you wish to enter)

Historic Touring Cars	Central Muscle Cars	Historic Formula Ford
All-Comers – V8 and Invitational	Formula Libre/NZ Sportscars	Pre 65

Sponsors (2 max for program)

Preferred Competition Number

D Driver 1 / Entrant Details:			
Driver's Name:		First Time Driver (3 or fewer events) <i>(please tick)</i>	<input type="checkbox"/>
		Foreign Participant on Non-MSNZ Licence <i>(please tick)</i>	<input type="checkbox"/>
Postal Address for Entry Details:			
Email Address:			
Telephone – Home:	Telephone – Business:	Telephone – Mobile:	
Competition Licence No:		Expiry Date / /	
Licence Grade: (please tick)		<input type="checkbox"/> INT C Grade	<input type="checkbox"/> C1 Grade
		<input type="checkbox"/> C2 Grade	
Financial Member of the following MotorSport NZ Member Club (Name of club):			
NZ DRIVERS ONLY			
Club Membership Exp Date: / /			
Required for statistical purposes			
Age Group (please circle appropriate): Under 18 18-25 26-35 36-60 61 plus Date of Birth: / /			
Next of Kin	Name:	Relationship:	
	Contact Telephone Number:		
Entrant: <i>(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)</i>			
Entrant's Name			
Postal Address			
Email Address		Telephone – Mobile:	
Telephone - Home			
Entrants Licence Number		Licence Expiry Date / /	

V 1 Vehicle Details		
Vehicle Make		Vehicle Model
Colour		Permanent Race No
Capacity in cc	Log Book No <i>(All vehicles)</i>	Certificate of Description <i>(Schedule K or T&C where)</i>
Any significant information or history for the car:		

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

REMINDER ALL FOREIGN PARTICIPANTS ON A NON-MSNZ LICENCE NEED A VISA TO COMPETE

TEAM INFORMATION

For matters arising at the race meeting we ask that you supply a contact name for your entry. They may be asked to sign for a bulletin or if there is information the team / competitor needs.

CONTACT PERSON FOR TEAM: _____

CONTACT MOBILE NUMBER: _____

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 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
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 1: 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

Entry Fees – Please tick required

ALL ENTRY FEES AND EXTRA PASSES INCL GST

Category	Tick	Entry fee	Late Entry	Garage/car If available	Tickets	Amount	Notes
All-Comers		\$495.00	\$600	\$225	4 Passes	\$ _____	First option on Garages
Heritage Touring Cars		Category Paying	N/A	N/A	4 passes	\$ _____	Garage Space included
Central Muscle Cars		\$495.00	\$600	N/A	6 passes	\$ _____	Marques
Historic Formula Ford		\$495.00	\$600	\$225	4 passes	\$ _____	Third option on Garages
Formula Libre/Sportscars		\$495.00	\$600	\$225	4 Passes	\$ _____	Second option on Garages
Pre-65		\$495.00	\$600	\$225	4 Passes	\$ _____	Fourth option on Garages
Cross Class Entry fee		\$75.00	N/A	N/A	_____	\$ _____	
Transponder Hire – 3 day		\$125	N/A	N/A	_____	\$ _____	Transponders are compulsory
Additional pass		\$70 each	N/A	N/A	_____	\$ _____	
Total						\$ _____	

Notes: Garage space is based on 3 days access sharing with one other car and is subject to availability therefore payment will not be taken for this until we can confirm your space.

Payment Method: Cheque / Eftpos / Bank Deposit

Post entry to: Hampton Downs Motorsport Park
20 Hampton Downs Road
Te Kauwhata, 3782

Please make cheques payable to:
Hampton Downs (NZ) Ltd
or Deposit into HDMP account

Email: entries@hamptondowns.com
Phone: 09 280 6504

(Please use the name of driver as a reference)
02-0948-0306194-00

Visa/Master/Bankcard Details (tick)

Card Number

Name of Card Holder _____ Expiry Date _____

Signature _____ Amount \$ _____

TAX INVOICE

GST NO: 116-559-749

For Office Use Only

Date Entry Received: / /

Receipt Number: