



SHELSLEY WALSH HILL CLIMB DRIVING SCHOOL 2018 APPLICATION FORM

Date of school: 24th April 22nd May 19th June 7th August 4th September (*tick as appropriate*)

Driver's Name: Date of Birth: ___/___/_____ (*Minimum age 16 years*)

Address:.....

..... Email:

Home Telephone Number: Mobile:

*

Have you ever taken part in a hill climb driving school? YES/NO

Have you ever competed in a motor race, hill climb or sprint? YES/NO

*

If you hold a competition licence, please complete the following:

Licence No: Grade & Category:

Do you require a Licence Upgrading signature? YES / NO

(If so, please enclose an extra **£50.00**) The exam will be held after tea and cake.

*

CAR DETAILS (must be road-going with valid insurance, tax and MOT):

Make: Model:

Registration Number: Engine Capacity: CC

*

If you would like to take advantage of the guaranteed acceptance of a hill climb entry, which event would you like to enter? (Subject to minimum requirements met and completed hill climb entry form and fee received by the closing date for that meeting)

Event Name Event Date.....

*

EMERGENCY CONTACT

Please provide details of a relative or friend who can be contacted in the unlikely event of an emergency:

Name: Telephone No.:

*

If you intend to bring a friend who would like lunch the cost will be £30 per person. No. of guests

Do you or your guest(s) have any special dietary requirements? YES/ NO

Details if Yes.....

*

Do you have any health issues which may prevent you from walking the hill? YES/NO (Detail if yes):

It would be most helpful if you could please indicate how you heard of this school:

(P.T.O)

Options	Price	Total
24 th April	£195	
22 nd May	£195	
19 th June	£195	
7 th August	£195	
4 th September	£195	
Guests requiring lunch	£30 each	
Licence up-grade exam	£50	

MAC Members may deduct a £10 discount per school. MAC Membership Number.....

Total Enclosed: _____

Cheque Debit Card Credit Card Please note that Credit Cards are subject to a 2% handling fee

Please make cheques payable to 'Midland Automobile Club Ltd'

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Security Code:

--	--	--

Valid From:

____ / ____

Expiry Date:

____ / ____

Driver's Signature:

Date: ____ / ____ / ____

Please return to:

Anouzka Lowrie-Herz, Midland Automobile Club, Shelsley Walsh Hill Climb, Shelsley Walsh, Worcester, WR6 6RP
Phone: 01886 812211 ext 4 Email: drivingschool@mac1901.co.uk

Terms and Conditions:

Entries cancelled 14 days or more prior to the meeting will be refunded in full less a £15 administration charge. Entries cancelled 5 - 13 days prior to the meeting will be refunded in full less a £35 charge. Entries cancelled less than 5 days prior to the meeting will be refunded 50% of the entry fee. No refund will be available for no shows. If you cannot make your chosen driving school date and tell us at least 10 days before the event, you may change your entry to another school free of charge (subject to availability). There are no transfers available within 10 days of the event date. Organisers reserve the right to cancel the meeting if minimum numbers are not achieved by offering return of fees or transfer to an alternative date. Please note that general car insurance will not cover use on track. If you require cover for your vehicle whilst attending the driving school you will need to arrange "on track" insurance through a specialist motorsport insurer.

THIS SECTION TO BE COMPLETED IF THE DRIVER IS UNDER 18 YEARS OF AGE as MSA REGULATION D 13.1.1

I am the Parent/Legal Guardian/Guarantor (delete as appropriate) of the Driver named overleaf and I understand that I or my Guarantor shall have the right to be present during any procedure being carried out under the General Regulations of the Motor Sports Association. The entry overleaf is made with my support and I or my representative (who will produce my written and signed authorisation to so act) will attend the event and sign on as Entrant.

PARENT, LEGAL GUARDIAN OR GUARANTOR (Please use block capitals):

Full Name: Relationship to Driver:

Address:

..... Telephone Number:

BE AWARE THAT BY SIGNING ON AT THE EVENT YOU ARE ENTERING INTO A LEGALLY BINDING CONTRACT