**Devizes & District Motor Club Scatter Entry Form**

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| **Driver Details** |
| Name |  |
| Club / Membership No. |  |
| Motorsport UK Licence No. *(RS Clubman minimum acceptable)* |  |
| Telephone No. |  |
| Email |  |
| ***Signature:******(+ Parents signature if under 18 yrs):*** |
| **Passenger Details** |
| Name |  |
| Club / Membership No. |  |
| Motorsport UK Licence No. *(RS Clubman minimum acceptable)* |  |
| Telephone No. |  |
| Email |  |
| ***Signature:******(+ Parents signature if under 18 yrs):*** |
| **Vehicle Details** |
| Make |  |
| Model |  |
| Colour |  |
| Registration No. |  |
| **Entry Fee – Payments by Bank Transfer only or by arrangement with the organiser** |
| Entry £10 *(DDMC Sort Code: 40 44 33 Account No: 81665979)* |

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| ***I confirm that my own Insurance provides the Third Party cover necessary to meet RTA requirements for this event. Tick box [ ]*** |
| ***Data Protection: Devizes & District Motor Club is the data controller for the purpose of GDPR and the Data Protection Act 2018. The personal data on this entry will be used solely for the administration of this event and to inform you of future events. If you do not wish to be contacted about future events please tick this box [ ]*** |

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| This event will conform to Motorsport UK Covid-19 regulations and, additionally, any procedures which the organisers consider necessary for the safe and lawful running of the event. |