THE GUYANA MOTOR RACING & SPORTS CLUB APPLICATION TO ENTER ENDURANCE/TIME ATTACK RACE MEETING

Competitor's No:	
Please print in bold letters:	
1. NAME OF DRIVER (1)	Blood Type:
Date of Birth:	_
Drivers license no:	-
Address:	
Email Address:	
Tel. no:	
2.NAME OF DRIVER (2)	Blood Type:
Date of Birth:	
Drivers license no:	
Address:	
Email Address:	
Tel. no:	-
3. (a) Make of Machine:	
(b) Type/Model:	
(c) Color:	
(d) Cubic capacity in cubic centimeters: Tick wl	nere is applicable.
CLASSES	
(i) Up to 1500cc	
(ii) 1501cc – 1600cc	
(iii) 1601cc 2000cc	
(iv) Unlimited	
(e) Whether turbo charged or super charged	
Mechanic:	

Entry Fees:
ignature of Driver (1):
Driver (2):
Date:
THE GUYANA MOTOR RACING & SPORTS CLUB
COMPETITORS DECLARARTION
understand that my participation in all games,
rials and competitions organized by the club, its officers, servants and agents, is done at
ny own risk, and that I absolve them from and against all actions, suits, causes of actions
nd suits, fines, losses, damages and expenses of every description which the club may be
ut to or sustain in consequences of or arising from my participation in any games, trials
nd competition organized by the club.
declare that to the best of my belief, the driver(s) possess(es) the standard of
ompetence necessary for an event to which this entry relates, and that the machine(s)
ntered is (are) suitable and roadworthy for the event having regard to the course and to
ne speeds which will be reached.
further declare that I have and am conversant with the rules and regulations of the club
nd understand them fully, and that I have read the above declarations and agree with
nem fully.
ignature of Driver(1):
Driver(2)