



Entry Form

AVT GOLD CUP MILLION SALOON CAR ENDURANCE RACE

Please tick the round you are applying for

IJTC	SUPER STOCK	ESTEEM	VW AMEO
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1. Standard entry fee Rs.60,000/- per car irrespective of the number of drivers (2 or 3) .
2. To be paid by way of demand draft in favour of Madras Motor Sports Club payable at Chennai or pay by cash or attach proof of deposit into MMSC account. MMSC Bank Account details are as follows.

Account Name : MADRAS MOTOR SPORTS CLUB
Bank : HDFC Bank
Branch : Santhome Branch
Account Number : 50100008894164
IFSC Code : HDFC0000386

3. Attach 2 passport size photos of the drivers.
4. Attach photocopy of FMSCI driver & entrant license
5. Indemnity & declaration forms have to be duly signed
6. Photocopy of any Photo ID proof of the drivers & parent or guardian if driver below 18 years of age

	Entrant
Name	
FMSCI License No:	
Contact no:	

	DRIVER 1	DRIVER 2	DRIVER 3
NAME			
FMSCI LICENSE NO:			
Date of Birth			
Blood Group			
Allergy (if any)			
PAN No:			
Postal Address			
Phone Number			
Mobile Number			
Email id			

Car Details

Engine No:		Chasis No:	
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Homologation		Colour	
Name of Tuner			
Preferred Competition Number:			

Pit Assistant 1	Pit Assistant 2	Pit Assistant 3	Pit Assistant 4	Pit Assistant 5
Affix photo	Affix photo	Affix photo	Affix photo	Affix photo
Name	Name	Name	Name	Name

Indemnity

I/We have read the Regulations issued for this event and agree to be bound by them. In consideration of the acceptance of the entry of this machine, I/We agree to save harmless and keep indemnified the Government of India, the relevant State Governments, the FIA, the FMSCI, the organizers / promoters and their officials, the sponsors, agents, representatives, employees and all persons assisting them in this event and all owners and tenants and all persons assisting them in this event all actions, claims, costs, expenses and demands in respect of death or injury to myself or any other person or persons or loss or damage to any property including the machine concerned in this event, or otherwise howsoever and notwithstanding that the same may have been contributed to or occasioned by the negligence of the organisers and their officials, agents, representatives, employees and all persons assisting them in this event.

Address: _____

Signature of Witness to all the above:

Full Name & Address of Witness:

I hereby confirm that I have my high risk accident policy with hospitalisation benefit and hence organisers are not responsible.

Sign of the Entrant

Sign of all the drivers