



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

**Link SUPER TOURING CAR RACE SERIES
SERIES ENTRY FORM**

PLEASE RECORD THIS ENTRY FOR :-

A) Nominated Time Bracket Category; STC-A STC-B STC-C STC-D

B) Driver / Entrant Details:			
Driver's Name			
Physical Address			
Postal Address for Entry Details			
Email Address			
Telephone - Home	Telephone - Business	Telephone - Mobile	Fax Number
Competition Licence Number	Licence Expiry Date / /	Licence Grade: <i>(please tick)</i>	
		<input type="checkbox"/> International Race Grade C	
		<input type="checkbox"/> National Race	
Financial Member of the following MotorSport NZ Member Club: (Name of club)			Club Membership Exp Date: / /
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 - Home	Telephone - Business	Telephone - Mobile	
Fax Number	Entrants Licence Number	Licence Expiry Date / /	
C) Vehicle Details			
Vehicle Make		Vehicle Model	
Colour		Permanent Race No	
Swept capacity CC;	Log Book No <i>(All vehicles)</i>	Engine Make & Model;	
		() Forced induction	() N/a () Rotary

CONTINUED OVERLEAF ⇨⇨⇨

Terms of Payment

Series Entry Fee; \$10 per round.

Please indicate the rounds you are entering;

Round-1 Round-2 Round-3 Round-4 Round-5 Round-6

Note; extra rounds may be entered part way through the season.

My series Entry Fee of \$..... is attached.

Send a cheque or make direct on-line banking or manual deposit. When making a Manual Deposit or On-Line Direct Credit transaction, please ensure your car number is used as the Reference for the deposit.

POST WITH CHEQUE TO:
STC Race Series Secretary
572 Hereford Street
Christchurch 8011

BANK ACCOUNT DETAILS;
Please contact the Secretary for direct debit details
Cheques payable to; Super Touring Cars

1. Indemnity:

I have received the STC Race Series articles and Schedule-STC and all other regulations or Articles as determined in Appendix Four Schedule Z for my entry to this series and agreed 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 Meetings or Events detailed, I agree to save harmless and keep indemnified the NZ STC register, MotorSport New Zealand Inc., The MotorSport Company Ltd., and it's Shareholding Car Clubs, and Race circuit owner / operators. All the owners and tenants of private property traversed, and the respective officials, fellow competitors, servants, representatives and agents from and against all losses, actions, claims, expenses and demands in respect of death, injury, loss or damage to persons or property of myself, my drivers, passengers or mechanics or any other persons whatsoever howsoever caused arising out of or in connection with this entry or taking part in the events this entry covers specified notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of the NZ STC Register or the Inviting Club or MotorSport New Zealand Inc or any of their respective officials, servants, representatives or agents or by any other person.

2.Consent:

I consent to the details contained on this form being held by The NZ STC Register and/or the Inviting Clubs for the purpose of the promotion and benefit of the NZ STC Race Series, the Race Meetings 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 it's officials.

Signature of Driver:.....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, and (2) Consent

TAX INVOICE

For Office Use Only

Date Entry Received: / /

Receipt Number:

Payment received for the following rounds;

Round-1 Round-2 Round-3 Round-4 Round-5 Round-6