

HERO - Scottish Malts 2003
ENTRY APPLICATION FORM (PLEASE COMPLETE BOTH SIDES)

Reliability Trial Classic Car Tour (tick applicable box)

	1st driver	2nd driver
Surname	(Mr/Mrs/Miss/Ms - delete as applicable)	(Mr/Mrs/Miss/Ms - delete as applicable)
Usual first name		
Age (if 18 or under)		
Postal address		
Telephone: work : home		
Fax		
e-mail		
HERO member? If yes, give number*		
Motorsport/driving experience		
Next of kin: name Address/tel/fax		

OTHER CREW MEMBERS:

No 3: Name _____ Age (if 18 or under) _____ HERO member? yes no*

No 4: Name _____ Age (if 18 or under) _____ HERO member? yes no*

* all crew members must be HERO members; if not already a member, the subscription of £5 per person will be deducted from your entry fee

INSURANCE (first two boxes: Reliability Trial only - see Regulation 25. Classic Car Tour: tick 3rd box & give insurer's details)

- I comply with, and will sign, the Alexander Forbes Declaration: 1st driver's initials _____ 2nd driver's initials _____
- I/we hold valid Bowring NES Letter(s) of Acceptance no(s): 1st driver's no _____ 2nd driver's no _____
- I will be covered by my own insurance policy valid for the event, as follows:
Name of company _____ policy no _____

VEHICLE: Make _____ Model and variant _____

Body type: saloon drophead/tourer open sports GT/closed coupé No of seats _____

Year of manufacture _____ Date of first registration _____ Launch year of this variant _____

Engine size _____ cc Wheelbase _____ m Registration no: _____ country letter(s) (eg GB, NL) _____

Supplementary odometer: make & model _____ electronic mechanical No of distance displays _____

HERO Declaration of Vehicle Eligibility: photocopy attached** send Guidelines and Declaration Form

Historic/rarity interest _____

** DON'T send the original - keep this on file for future events

TROPHY ELIGIBILITY (Reliability Trial only - tick box(es) as applicable):

Beginners (on first-ever rally) All-lady crew Nationality award: country _____
(First drivers of all team cars must be a national or resident of this country)

TEAM ENTRY (Reliability Trial only - you may be in just one Team of each type):

	Name of team	Other team members (teams of three or four)		
Marque	_____	1 _____	2 _____	3 _____
National	_____	1 _____	2 _____	3 _____
Club/Ecurie	_____	1 _____	2 _____	3 _____

INDEMNITY:

I have read the Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations issued by The Royal Automobile Club Motor Sports Association Ltd. In consideration of the acceptance of this entry or of my being permitted to take part in the event, I agree to save harmless and keep indemnified any Sponsor of the event The Historic Endurance Rallying Organisation (HERO) Ltd, The Royal Automobile Club Motor Sports Association Ltd, such person, persons or body as may be authorised by The Historic Endurance Rallying Organisation (HERO) Ltd and/or The Royal Automobile Club Motor Sports Association Ltd to promote or organise this event and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death or injury to myself howsoever caused arising out of or in connection with this entry or my taking part in this event, and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents.

Furthermore, in respect of any parts of this event on the ground where third party insurance is not required by law this agreement shall in addition to the parties named above extend to all and any other competitor/s and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss or damage to the person or property of myself, my driver(s), passenger(s), mechanic(s), or associated personnel.

I declare that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law. My age is declared below (if applicable, put 'over 17 years'; in the case of any competitor of 17 years or under, this form must be countersigned below by his or her parent or guardian).

	Signature	Date	Age (if 17 or under)	Signature of parent or guardian (if aged 17 or under)	Date
First driver:	_____	_____	_____	_____	_____
Second driver:	_____	_____	_____	_____	_____
Third crew member:	_____	_____	_____	_____	_____
Fourth crew member:	_____	_____	_____	_____	_____

Crew member to whom documentation should be sent : _____

HOTEL REQUIREMENTS:

Single rooms: please book us _____ single room(s) where available; supplement enclosed (see below)
(subject to availability - will be refunded in whole or in part if single rooms not available)

Double/twin rooms: double bed preferred twin beds if possible but double bed acceptable must be twin beds
For special requirements, telephone the HERO office on (+44/0) 1886 833505 or fax on (+44/0) 1886 833144

PAYMENT BY CREDIT CARD: *(Please note there is a service charge of 2% for using this facility; payment MUST be in pounds sterling)*

Please debit my Visa Mastercard Card number: _____ Expiry date: _____
 Maximum sum payable this transaction: _____ Signature: _____ Date: _____

EVENT FEES (if paying by cheque or bank transfer, you may choose to pay in either pounds sterling (GBP) or Euros):

Basic entry fee (includes two drivers):	GBP 3,150 / 5,056 EUR	_____
Single room supplement: @ GBP 725 / 1,160 EUR per crew of two		_____
Additional crew member(s) in single room(s) : ___ @ GBP 975 / 1,560 EUR each		_____
Two additional crew members sharing room @ GBP 675 / 1,080 EUR each		_____
Team entry fees: ___ teams @ GBP 60 / EUR 96 per team of three or four cars		_____
MINUS discount if paid before 31 January 2003 (GBP 200 / EUR 320) <i>(before 31/05/02, GBP400 / EUR680; before 31/07/02, GBP200 / EUR 340)</i>		_____
MINUS discount for pre-war car (if applicable - GBP 100 / EUR 160)		(_____)
MINUS deposit already paid (if applicable)		(_____)
(if paying by cheque) TOTAL ENCLOSED		_____ GBP / EUR
2% Credit Card Service Charge		_____
Total to be charged to credit card (GBP only)		_____ GBP

Please make cheques payable to HERO. Our bank account details are:
 Lloyds Bank plc, 48 Belle Vue Terrace, Malvern, Worcester, WR14 4QG, UK. Bank code 30-95-41; Account number 0921536

Return this form, with full fees, to
 HERO, The Town House, Leigh, Worcestershire, WR6 5LA, England
 telephone (+44/0) 1886-833505 • fax (+44/0)1886-833144
 e-mail info@hero.org.uk • website www.hero.org.uk