

Xmas 2010 Entry Form

SEND COMPLETED ENTRY TO:
 Email: dread34@live.com.au
 Fax: 02 43222 866
 Post: 41 Cristina Ave
 Niagara Park NSW 2250

Mudgee to Walcha Via Coonabarabran & Tamworth 5th - 7th November 2010



Entrant's Name _____

Address _____

Post Code _____

Phone (BH) _____ **Phone (AH)** _____ **Fax** _____

Mobile _____ **Email** _____

Make of Car _____ **Model** _____

Car Registration _____ **Cylinders** _____ **Shirt Size** _____

Year of Manufacture _____ **Car No** _____ (Car number subject to availability)

State of Registration _____ **Registration Expiry** _____

Drivers Lic. # _____ **Expiry** _____ **State of Issue** _____

Insurance Company _____ **Policy Number** _____

Type of Insurance—Please circle Comprehensive / 3rd Party Property **Expiry** _____

Emergency Contact (not participating in Derby)

Name _____ **Phone** _____

Please complete as much information as possible. Receipts will be emailed to the main entrant. Where email is not available receipts will be either posted to the main entrant or will be available for collection at the event.

- Entry is by way of a \$ 300-00 donation per car. Donations \$2-00 and over are tax deductible.
- Meal Money is \$ 180-00 per person but is subject to change without notice. All attempts will be made to avoid any increase.
- Keep a lookout on the website for any further information.
- Please read terms and conditions, OH&S documentation and check list carefully.



I understand and agree to the terms and conditions of entry for Day Of Difference Derby event and agree to donate a minimum of the entry fee. I understand entry into the Derby is at the sole discretion of the organising committee. I understand myself and my crew enter this event entirely at our own risk and agree we will all sign an indemnity form prior to the event. I confirm that all drivers licences, car registration and car insurance listed are current.

Signed _____ **Print Name** _____ **Date** _____

THE Crew

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Do not include details of main entrant.

Name 2

Ph (BH / AH)

Address

Email

Driver's Lic #

State Issue

Expiry

Shirt Size

Emergency Contact (not participating in Derby)

Name

Ph

Name 3

Ph (BH / AH)

Address

Email

Driver's Lic #

State Issue

Expiry

Shirt Size

Emergency Contact (not participating in Derby)

Name

Ph

Name 4

Ph (BH / AH)

Address

Email

Driver's Lic #

State Issue

Expiry

Shirt Size

Emergency Contact (not participating in Derby)

Name

Ph

Name 5

Ph (BH / AH)

Address

Email

Driver's Lic #

State Issue

Expiry

Shirt Size

Emergency Contact (not participating in Derby)

Name

Ph

CREDIT CARD PAYMENT

Signature: _____

Name On Card: _____

Amount: \$ _____

Type: VISA / Mastercard

Expiry

CCV

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2010 November Derby © Day Of Difference