

Conditions:

## Application for a Licence to

## **Compete in IOPD Authorised**



## **Mechanically Propelled Events**

1. The signee of this application has rea		•	•	-			-			-					
2. This licence will be revoked immediately upon failure of the signee to observe all or any of the conditions stated herein. 3. The signee agrees to satisfy themselves of the preparation and condition of the course and accepts that the margins of															
satisfy themselves of the preparation and condition of the course and accepts that the margins of safety, barriers and braking areas are adequate and suitable for their degree of competence and type of vehicle.															
4. The signee accepts the responsibility own free will whilst knowing the risks involved.						-							partici	ipate of	ftheir
5. The signee accepts that dangerous co constructed vehicles may significantly increase the second s	the risk of bein	g <u>killed, pe</u>	rmanently	disable	ed or s	erious	sly	injure	<u>d.</u>	-			use of	specia	lly
6. The signee confirms 'That I have no direct the mechanically propelled vehicle with w				includi	ng sig	ht imp	oairme	ent) tha	at wil	l affe	ct my	ał	oility t	o contr	ol or
7. The signee confirms that 'Should I be				iniurv l	be it a	ge rela	ated fo	or mot	oreve	lists.	inclu	ding	prescr	ibed m	edication
or disability which may affect my ability to cont the Course, prior to signing on for a final apprais	rol or direct the														
Signature of Holder															
Signature of Parent or Guardian (if under 18 year	rs old)								Age	e if ur	nder 1	8			
PARTICIPANT'S NAME:															
ADDRESS:															
Γ															
TELEPHONE NO:															
EMERCENCY CONTACT NAME/TEL.															
EMERGENCY CONTACT NAME/TEL:	I I														
IOPD LICENCE NO:	IS	SUING O	RGANISA	TION:			ſ								
(To be completed by the		rganiser or					L								
ORGANISATION AFFILIATED TO)															
2024 Fees: Annual £	.00 (For use at	any IOPD	Authorised	levent	)										
DATE OF ONE-DAY EVENT:															
Please return to:	The Sec	retary of th or	e Organis	ing Ev	ent										
The International Orga		ofessional													
Motor Sports Centr Tel: 01422 843651	e, Sandbed, Ho	ebden Bridg email: info			e HX	7 6PT	,				Fa	ıx: 01	422 8	44171	
ANY PERSONAL INFORMATION G	IVEN TO US	WILL BE I	USED IN A	4000	RDAN	ИСЕ И	VITH	THE	DATA	1 PR	OTEC		VAC7	1998	
	The IOPD w														
	NATIONAL C														
Motor	Sport Centre,	Sandbed,	Hebden	Bridge	, Wes	st Yor	kshire	e, HX	7 6P1	Г					

Tel: 01422 843651 email: info@iopd.org.uk Fax: 01422 844171

Modified: Nov 2016

PLEASE USE BLOCK CAPITAL LETTERS					
FULL NAME:				T	
ADDRESS:					
POST CODE:				(	
DATE OF BIRTH:				T T	10-min
CONTACT TELEPHONE NUMBER:		OR:			
EMAIL ADDRESS:		011.			CONTRACTOR OF A CONTRACTOR OF
I WOULD LIKE TO RECEIVE NEWSLETTER			YES	NO	-
TWOOLD LIKE TO RECEIVE NEWSLETTER			163	NO	
RACING NUMBER REQUESTED	#	OR	OR	OR	z
PREVIOUS RACING EXPERIENCE	FOMULA	NUMBER	GRADE	HIGHEST	RENEWAL Y/ N
1		/ /			N REN
2				1	
3					ASE 4/
Have you ever been banned by any licens	sing body?		YES	NO	CEP
IF "YES" please provide information on se		t deatailing			HLIM
n res please provide information on se	purate shee	t ucutuning	injoinidale		RECIEVED: PAYMENT: Y / N RULE BOOK SENT WITH LICENSE Y VATURE :
De yeu held e full LIK er Country eguivile	nt driving lie	anco 2		V / N	ENT
Do you hold a full UK or Country equivile	Y / N	S Y			
Are you colour blind ?	Y / N	E : 200			
Do you plan to wear specticals/ contact	Y / N	DATE RECIEVED: RULE BOOI			
Do you suffer from Epilepsy or sudden at	Y / N	RURUNA			
Are you suffering from any defect in mov			ver?	Y / N	ATE
Are you suffering from any disease, medi					IAL D
Or physical, or disability which may cause	_				FIC NLY
a competition to be a source of danger t				Y / N	
Do you suffer from any NECK OR BACK p	,	ich have ca	used		USI UR + Y
you to visit a Doctor within the last 12 n	Y / N	BOX FOR OFFICAL USE ONLY: DATE RECIEVE NEW APPLICATION: Y / N RULE BO NUMBER ISSUED # V8 STOCK CARS TOUR OFFICIAL SIGNATURE			
Are you currently on any perscribed med		SUI			
that could put you or anybody else at ris	Y /N	R S O			
"If you answered yes to any of the above	questions yo	ou may be r	equired to		AP ABE ABE TOC
produce a doctors letter prior to a licens	e being grant	ted to you"			
DECLARATION : I declare that I have ans			-		
the best of my knolodge. I have also read and ur					
V8 stock cars tour rulebook, Personal behaviour	agreement and	d the car cons	truction rule	s.	
I also understand that : It is my responsibility to make sure the car I inte	nd to race conf	orms with the	e regulations	at all times.	
My team and family will observe and abide by the			_		
Signed:		Date:			
PAYMENT:-		PLEASE SE	ND 4 x PA	SSPORT SIZE P	ICTURES
LICENSE FEE £110.00					
PLEASE MAKE CHEQUES PAYABLE TO: v8					
SEND TO:- 15 Ifould Cresent, Wokingho	am , Berkshii	re, RG40 1L	В		
BANK TRANSFER: AC# 38882068	SORT COD	)E# 30-91-9	1	AC NAME:V8	stock cars Tour LTD
					F

IF PAYING ELECTRONICALLY PLEASE USE YOUR RACING NUMBER AS PAYMENT REFERNCE