



Circle Track Racing Association of New Zealand Inc.

# ENTRY FORM

TO COMPETE IN A C.T.R.A. TITLE ALLOCATION

ALL APPLICANTS MUST BEAR PROOF OF APPLICANT'S MEMBERSHIP OF AN AFFILIATED CLUB

SURNAME: <sup>Mr.</sup> \_\_\_\_\_ FULL FIRST NAMES: \_\_\_\_\_  
(Print Clearly) <sup>Mrs.</sup> \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TELEPHONE: (Home) \_\_\_\_\_ (Bus) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I AM APPLYING FOR ENTRY TO THE FOLLOWING TITLE

Grade & Title: Limited Saloons – Sth Island TITLE \_\_\_\_\_

Car Number: \_\_\_\_\_

Car Colour: \_\_\_\_\_

CTRA Licence Number: \_\_\_\_\_

CTRA Home Track: \_\_\_\_\_

Amount Payable (If Applicable): \$20.00

## Indemnity

I DO HEREBY AGREE to save harmless and keep indemnified the CIRCLE TRACK RACING ASSOCIATION, and their affiliated clubs, and their respective officials, servants, representatives and agents from and against all losses, actions, claims, expenses and demands:  
(a) arising out of the failure of the Applicant to observe the National Competition Rules of CTRA or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.  
(b) in respect of death, injury, loss of or damage to the person or property of the Applicant, his drivers, passengers or mechanics or the owner of the car being driven or operated by him or them or of any other person whatsoever howsoever caused arising out of or in connection with the entry of the Applicant or his taking part in any motor sports meeting for which the entry will be required notwithstanding that such death, injury, loss or damage may have been contributed to or occasioned by the negligence of the Association or Promoter/Club or their respective officials, servants, representatives or agents or any other person AND I ACKNOWLEDGE that this undertaking is given for valuable consideration and is by way of indemnity and not by way of guarantee AND I AGREE that this indemnity will continue in force and cannot be withdrawn by me until the end of the current race season applied for.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE AT: \_\_\_\_\_ ON: \_\_\_\_\_

## Under Age Applicant

Where the signatory to any of the indemnities and/or declarations is under the age of 18 years, the following certificate shall be completed and signed by the parent or guardian.

PARENT/GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

Please send your completed entry form to:

### CTRA CLUB HOLDING TITLES:

..... ASHBURTON SPEEDWAY ASSOCIATION .....

ADDRESS: P O BOX 118 .....

..... ASHBURTON 7700 .....

EMAIL: [ashspeedway@gmail.com](mailto:ashspeedway@gmail.com) .....

FAX NO: .....

DATE OF TITLE: 11 – 3 - 2018 TITLE BEEN HELD: Sth Island Limited Saloons .....

PAY ENTRY FEE TO: ASHBURTON SPEEDWAY, Westpac Ashburton 03-0835-0148919-00 Use Name as reference.