



Des West Memorial

20th June 2020

CAR No.

Form completed

Entry Fee Paid

Membership/Licence

<p>COMPETITOR (Car owner)</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: right;">Pcode _____</p> <p>PHONE (H): _____</p> <p>MOBILE: _____</p> <p>EMAIL: _____</p>	<p>DRIVER</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: right;">Pcode _____</p> <p>PHONE (H): _____</p> <p>MOBILE: _____</p> <p>EMAIL: _____</p> <p>CLUB(S): _____</p> <p>CIVIL LICENCE: _____</p> <p>UNDER 18 YRS: <input type="checkbox"/></p>
<p>NAVIGATOR/CO-DRIVER</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: right;">Pcode _____</p> <p>PHONE (H): _____</p> <p>MOBILE: _____</p> <p>EMAIL: _____</p> <p>CLUB(S): _____</p> <p>CIVIL LICENCE: _____</p> <p>UNDER 18 YRS: <input type="checkbox"/></p>	<p>2ND NAVIGATOR/CO-DRIVER</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p style="text-align: right;">Pcode _____</p> <p>PHONE (H): _____</p> <p>MOBILE: _____</p> <p>EMAIL: _____</p> <p>CLUB(S): _____</p> <p>CIVIL LICENCE: _____</p> <p>UNDER 18 YRS: <input type="checkbox"/></p>

<p>Event Entry: \$ 50.00</p>	<p>Account Details: BSB 182-222 Account Number: 120660865</p>	<p>EFT <input type="checkbox"/></p> <p>TOTAL PAYMENT \$ _____</p>
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Direct Electronic Fund Transfer - proof of transaction must be provided.

DESCRIPTION OF VEHICLE:

YEAR	MAKE	MODEL	CAPACITY	REG No.	CLASS

AHRG Classes

Class	Year(s)	Class	Year(s)
A	Pre 31/12/1970	B	1/1/1971 – 31/12/1978
C	1/1/1979 – 31/12/1988	D	1/1/1989 – 31/12/1995
X	1/1/1996 - current		

PERSON	NAME	SIGNATURE	DATE
COMPETITOR			
DRIVER			
CO DRIVER/NAVIGATOR 1			
CO DRIVER/NAVIGATOR 2			

PARENT/GUARDIAN CONSENT (must be completed for all applicants under 18 years of age)

I
name

of am the parent/guardian
address

ofwho is under 18 years old.
minor

I have read the supplementary regulations and this document and understand their contents. I understand the risks associated involved in entering road events and I consent to the minor attending/participating in the event at his/her own risk.

Signed: (Parent/Guardian) Date:



SELF SCRUTINY CHECK LIST

EVENT:	Des West 2021	DATE:	20/6/2021
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Class	Year(s)	Class	Year(s)
A	Pre 31/12/1970	B	1/1/1971 – 31/12/1978
C	1/1/1979 – 31/12/1988	D	1/1/1989 – 31/12/1995
X	1/1/1996 - current		

Competitor to inspect the vehicle for compliance to NSW RMS standards.

- Headlamps: High Beam Low Beam
- Tail Lamps:
- Turn Indicators:
- Brake Lights:
- Reverse Lights:
- Windscreen: Wipers Washers
- Rear View Mirrors:
- Battery Security:
- Fluid Leaks:
- Wheels & Tyres: Wheel Fasteners
- Exhaust System:

COMMENTS

SELF SCRUTINY CHECK LIST DECLARATION

The completion of the checks described on this form is for the sole purpose of acceptance into the Event. It does not constitute a check or confirmation that the vehicle conforms to roadworthiness requirements under the relevant State legislation and the Event organisers make no undertaking as to whether this vehicle is eligible under law to travel on public roads.

By completing this checklist, the competitor acknowledges that they are presenting the vehicle in compliance with state road worthiness condition. This includes any necessary check of apparel as to be used in that vehicle by each Driver or Co-Driver/Navigator.

Competitor Name: _____

Competitor Signature: _____

Date: _____