



Rally New Zealand
 PO Box 62021, Sylvia Park,
 Auckland 1644
 Phone: +64-9-276 0882
 Website: www.nzrallychampionship.co.nz
 Email: info@rallynz.org.nz

2017 NEW ZEALAND RALLY CHAMPIONSHIP APPLICATION FOR CHAMPIONSHIP REGISTRATION

NO. 1 DRIVER (PRINCIPAL) DETAILS: (PLEASE PRINT CLEARLY IN BLOCK CAPITALS)

First Name:		(by which you are known for publicity)
Surname:		Date of Birth: / /
Address:		
Contact Details: Home: Work: Mobile: Fax: Email:		
Drivers competition licence number:	Licence grade:	
Competition Licence expiry date:	Financial member of the following ASN or MotorSport NZ affiliate club (name of club):	
Required for statistical purposes Age Group (please circle appropriate): Under 18 18-25 26-35 36-60		Club Membership Exp Date: / /
Rookie Driver (Refer Article 9.3) Y / N		

CO-DRIVER DETAILS: (PLEASE PRINT CLEARLY IN BLOCK CAPITALS)

First Name:		(by which you are known for publicity)
Surname:		Date of Birth: / /
Address:		
Contact Details: Home: Work: Mobile: Fax: Email:		
Drivers competition licence number:	Licence grade:	
Competition Licence expiry date:	Financial member of the following ASN or MotorSport NZ affiliate club (name of club):	
Required for statistical purposes Age Group (please circle appropriate): Under 18 18-25 26-35 36-60		Club Membership Exp Date: / /

JUNIOR DRIVER: (LESS THAN 25 YEARS AT 1 JANUARY 2017)

Are you eligible for this award? If so please confirm your date of birth	Date of Birth: / /
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VEHICLE DETAILS:

PLEASE CHECK CHAMPIONSHIP ARTICLES FOR DETAILS ON CATEGORY TITLES
TICK THE BOX AND COMPLETE THE FOLLOWING AS APPROPRIATE:

- CATEGORY 1:** - 4WD
- CATEGORY 2:** - FIA GROUP N 2WD, R1, R2, R3 AND FWD 2WD
- CATEGORY3:** - OPEN CLASS 2WD
- CATEGORY4:** - HISTORIC CHALLENGE TROPHY
- CATEGORY5:** - NZ RALLY CHALLENGE TROPHY
- NEW ZEALAND INTERNATIONAL CHALLENGE RALLY:** 4WD & 2WD
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Homologation Number:	Model of Car:	Make of Car:
Car Registration Number :	Year of Car:	Capacity in cc:
Car History:	2WD CATEGORY <input type="checkbox"/>	4WD CATEGORY <input type="checkbox"/>
If you have changed cars since 2016 please state previous car:	Log Book #:	

Complete if GST Registered:

GST Registration No:
Name of Person / Company / Team Registered:

COMPETITOR PROFILE	DRIVER	CO-DRIVER
Occupation		
Favourite Rally Event and Why		
Most Memorable Rallying Moment		
Brief History of Rallying Activities (first started, when/how, successes, etc. Brief bullet points are fine)		
Major Sponsors		

Indemnity:

1. Indemnity:

I have received the Supplementary Regulations and all other regulations or Articles as determined in the Appendices and Schedules of the current New Zealand Motorsport Manual for the event I am entering and agree to be bound by them and by the National Sporting Code of MotorSport New Zealand Inc.

In consideration of the acceptance of this entry and of my being permitted to take part in the Meeting or Events detailed, I agree not to pursue claims against and (severally) to hold harmless, indemnify and keep indemnified MotorSport New Zealand Inc, its members, associated or affiliated clubs and entities, rally and/or event organisers and promoters, the inviting club and entity (or entities), race circuit owners, providers and operators, owners and tenants of private property (including land, buildings and/or fixtures, fittings and chattels) traversed, or proximate to events, officials, fellow competitors, and the directors, officers, servants, representatives and agents of those entities (all together "the Indemnified Parties") in relation to all losses, actions, expenses, costs, liabilities, claims and demands in respect of death, injury, loss or damage to persons or property of myself, and/or my team (including drivers, co-drivers, passengers, management and/or mechanics) whatsoever, caused or arising out of or in connection with this entry or taking part in the events to which this entry relates, notwithstanding that such death, injury, loss or damage may have been contributed to or caused by the negligence of any of the Indemnified Parties and/or by any other person. This provision confers a benefit on, and is intended to be enforceable by, each of the Indemnified Parties (in accordance with the Contracts (Privity) Act 1982).

2. Ability to Control a Vehicle Declaration by Driver:

I declare that should I at the time of any event this entry form relates to be suffering from any disability of any kind whether permanent or temporary which is likely to detrimentally affect my control of my automobile or my fitness to drive, I will not participate.

3. Vehicle Conformance with Schedule A/AA Declaration by Driver:

I declare the vehicle detailed on this entry form complies with the vehicle safety items set out below (as applicable) and will be presented on request to an appointed Scrutineer or Technical Officer complying at all times with the safety and eligibility requirements detailed in the National Sporting Code and its Appendices and Schedules.

Critical Safety	Non-Critical Safety	Non Safety
<ul style="list-style-type: none"> • Helmet • Head & Neck Restraint • Protective Clothing • Safety Harness • Window Net(s) • Roll Bar / Safety Cage • Seat(s) and Mounts • Fire Extinguisher • Wheels and Tyres • Brake System • Steering & Suspension Systems • Fuel Tank(s) / Fillers / Lines • Fuel / Oil / Brake Line Protection • First Aid Kit / Safety Triangle 	<ul style="list-style-type: none"> • Engine & Transmission Mounts • Flexible Fluid Lines & Hoses • Throttle Return (Failsafe) • Engine Starter Operation • Reverse Gear Operation • Exhaust System • Oil Catch Tank(s) • Electrical Wiring • Ignition / Circuit Breaker • Battery • Lighting Systems • Brake Lights • Rear Lights 	<ul style="list-style-type: none"> • Bodyshell / Chassis Condition • Exterior Appearance • Panels / Covers • Doors • Windows • Wipers & Demisting • Rear Vision Mirrors • Aerofoils & Spoilers • Cockpit Construction / Fittings • Bulkheads • Tow Eyes • Mudflaps • Tow Rope • Auxiliary Lights
		<ul style="list-style-type: none"> • Ballast (Security) • Competition Numbers • Registration & WOF Labels • LVV / MSNZ Authority Card • LVV Plate • Optional Equipment • Restrictor Fitment (36mm ID)

I acknowledge that where any breach of the Safety Schedule is found during a Safety Audit I will be subject to penalties under the National Sporting Code and my signature below indicates my acceptance of this undertaking.

4. Consent:

I consent to the details contained on this form being held by Rally New Zealand Ltd and/or the Inviting Clubs for the purpose of the promotion and benefit of the Rally Event(s) concerned, and Motorsport in general. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

I also authorise the medical providers of the event to disclose medical information relevant to injury or illness sustained during the above mentioned event to MotorSport NZ and its officials.

Signature of No. 1 Driver: Date: / /

Signature of No. 2 Driver: Date: / /

Signature of Entrant: Date: / /

[For entry to be valid please ensure that all signatures are completed prior to posting]

FOR ENTRY TO BE CORRECT, PLEASE ENSURE SIGNATURES ARE COMPLETED *PRIOR* TO POSTING

Please return completed form at least two(2) weeks prior to the first Round entered to:

**POST TO Rally New Zealand, PO Box 62021, Sylvia Park, Auckland 1644 OR
EMAIL info@rallynz.org.nz**



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2017 NEW ZEALAND RALLY CHAMPIONSHIP REGISTRATION FORM

(PLEASE PRINT CLEARLY IN BLOCK CAPITALS)

DRIVER Name:
CO-DRIVER Name:

Please accept our championship registration and entry for the following events

Championship Registration: (Please tick appropriate box)

	<input checked="" type="checkbox"/> Championship	Amount (including GST) Full season	Amount (including GST) Round by round	Due	TOTAL	Recd
1	4WD Championship	\$800.00	\$200.00	24 Mar 17		
2	2WD Championship	\$500.00	\$150.00	24 Mar 17		
3	Open 2WD Championship	\$500.00	\$150.00	24 Mar 17		
4	Historic Challenge Trophy	\$500.00	\$150.00	24 Mar 17		
5	NZ Rally Challenge Trophy	\$300.00	\$100.00	24 Mar 17		
	TOTAL					

Enclosed are my registration fees for the Championship as indicated above.

1. *Payment made via Direct Credit to ASB Auckland 12-3011-0203851-00*
2. *Please make cheques payable to Rally New Zealand.*
3. *Please note that credit card details below authorise RNZ to process monies due as per the above due date.*

PLEASE DO NOT INCLUDE CASH

GST NUMBER: 25-256-611

WHEN PAYING BY CREDIT CARD: Please debit my VISA / MASTERCARD / AMEX	
A fee of 3% will be added to all credit card transactions	
Card No	Expires
Name of Card Holder	
Signed	Date

Please return completed form at least two(2) weeks prior to the first Round entered to:

POST TO: Rally New Zealand, PO Box 62021, Sylvia Park, Auckland 1644
EMAIL: info@rallynz.org.nz or deborah@rallynz.org.nz

2017 NEW ZEALAND RALLY CHAMPIONSHIP TEAM REGISTRATION FORM

(PLEASE PRINT CLEARLY IN BLOCK CAPITALS)

Team Name (if applicable):
Team Captain Name:

Team members	Driver Name	Co-Driver Name
1		
2		
3		

**Team members can be from Categories 1, 2, 3 or 4
 A maximum of two(2) Category 1 competitors are eligible per team**

I confirm that the Team members nominated above are not registered for another team in the Championship.

Signature of
Team Captain: **Date:**..... / /

**Please return completed form to Rally New Zealand
 at least two(2) weeks prior to the first Round entered to:**

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