DRIVERS CONTRACT NOTES

PLEASE READ THESE NOTES VERY CAREFULLY BEFORE COMPLETING YOUR CONTRACT

- (1) This contact must be filled in correctly in INK, in every respect and must be accompanied by the payment of £60 or £75 as page 2 paragraph 7. Please print your NAME, ADDRESS WITH POSTCODE & CONTACT TELEPHONE NUMBERS, as this has to be copied on all communications You must also notify us of any change of address, telephone numbers or name immediately.
- (2) 2 colour photographs of yourself must accompany this agreement. Please print your name clearly on the back of each photo.
- drivers wishing to complete in more than one formula may do so by indicating formulas required above. The above £60.00/£75.00 (.......) should be increased by £10.00 (......) for each additional formula required.

 The formulas requested will be endorsed on your competition licence. Please ensure this is correct when you receive it.
- (4) Incomplete application forms will be returned.

TYPICAL OFFENCES MINIMUM PENALTIES

TIPICAL OFFLINCES INITIATION FEMALITES					
FIRST OFFENCE Loss of race places	SECOND OFFENCE Out of the results	THIRD OFFENCE Load up			
Stewards warning	Load up	1 month & £25 fine			
Load up	1 month & £25 fine	3 months & £50 fine			
1 month & £25 fine	3 months & £50 fine	6 months & £100 fine			
1 month & £25 fine	3 months & £50 fine	6 months & £100 fine			
1 month & £25 fine	3 months & £50 fine	6 months & £100 fine			
1 month & £25 fine	3 months & £50 fine	6 months & £100 fine			
1 month & £25 fine	3 months & £50 fine	6 months & £100 fine			
3 months & £50 fine	6 months & £100 fine	12 months & £200 fine			
3 months & £50 fine	6 months & £100 fine	12 months & £200 fine			
3 months & £50 fine	6 months & £100 fine	12 months & £200 fine			
	FIRST OFFENCE Loss of race places Stewards warning Load up 1 month & £25 fine 3 months & £50 fine 3 months & £50 fine	FIRST OFFENCE Loss of race places Stewards warning Load up Load up 1 month & £25 fine 1 month & £25 fine 3 months & £50 fine 1 month & £25 fine 3 months & £50 fine 1 month & £25 fine 3 months & £50 fine 1 month & £25 fine 3 months & £50 fine 5 months & £50 fine 6 months & £100 fine 3 months & £50 fine 6 months & £100 fine			

ALL CONTRACTS MUST BE RETURNED TO THE RACING OFFICE ADDRESS AS DETAILED ON PAGE ONE

For office use

AFFIX DRIVERS PHOTOGRAPH

Racing Office Barford Raceway

Streatlam Barnard Castle Co. Durham DL12 8UD

For Office use only

Drivers Name:
Driving Number:
Formula:
Grade:

Tel: 01325 484696 Mob: 07908 344421 Amount Paid £ _____(CHQ/CSH)

Date Paid: _____(E/W/R/I/Y/B)

Date Licence Issued:



DRIVERS LICENCE APPLICATION

THIS AGREEMENT is made between NORTH EAST OVAL MOTORSPORTS AND

(FULL) Name.....

on this	day of	20	terminating on 31st of December 20		
I the undersigned apply to North East Oval Sports to race a(state Formula) on their controlled racing circuits and membership to the supporters club. I consider therefore I agree as follows:-					

- (1) I have read this agreement and North East Oval Motorsports regulations and understand them and agree to abide by the rules and conditions as set out below. I am over 18 but not over 59 years of age. (If you are under 18 yrs of age you will be required to submit a signed Parent/Guardian Consent Form, and you will need the approval of North East Oval Motorsports)
- (2) I fully understand the nature and type of racing in which I wish to participate and I am also fully Familiar with the nature, layout, features and geography of the circuits upon which I wish to race.
- (3) I am satisfied that all such circuits are safe for me to race upon and that I should at any time have any doubts as to their safety I am entitled to decline to race thereon, and that I may inspect each circuit prior to racing there upon.
- (4) Not to take part, as a person or allow my competition car, my name or racing number to be used with any other promotion advertising, at any time with in the dates of this agreement, other than with North East Oval Motorsports or promotion advertising affili ated racing organisations, or without written permission of North East Oval Motorsports.
- (5) I agree to abide by the rules laid down by North East Oval Motorsports

- (6) I hereby give North east Oval Motorsports the right to use my name or my racing number for the purpose of advertising or publicity as they see fit.
 (7) I will pay North East Oval Motorsports on the signing of this agreement the sum of £75 () (or the reduced fee of £60 () (for registered drivers renewing before December 31st) in part towards drivers personal accident insurance costs. North East Oval Motorsports will on acceptance of this agreement supply me with a driving (racing) licence and number (exclusive to myself for the period of the agreement), one printed current rule book and notification of my racing grade and the opportunity to race
- (8) I understand that my sponsorship, advertising rights or benefits I might receive from the same must have the approval of North East Oval Sports.

club.

according to the rules set out in the current rule book, and membership to the supporters

- (9) I understand that any injury sustained by me during racing on North East Oval Motor sports controlled tracks will only entitle me to a personal accident cover as set out in the rule book. Should I wish, I may increase my own insurance cover at my own expense either through the Company's Brokers or a Company of my own choice without affecting the basic personal accident cover provided by the promoters.
- (10) Not to cause, or be part of or in any way be involved with any action which would or could disrupt a race meeting.

The company reserves absolute right to take whatever action to disqualification as deemed to be necessary.

MEDICAL QUESTIONNAIRE - MUST BE COMPLETED

hereb	y warrant t	the following	answers are	true in th	ne respect (of my me	edica	l condi	tion
	,	.							

(a)	Do you suffer from Epilepsy or sudden attacks of disabling giddiness?	YES NO)

Are you suffering from any defect in movement or muscular power? YES NO

(c) Are you suffering from any disease, medical condition mental or physical, or disability which may cause the driving by you in competition to be a source of danger to yourself or others?

(d) Do you suffer from any back problems which have caused you to visit a doctor within the last 12 months?

YES NO

If the answer is yes to any of the above medical questions
A DOCTORS LETTER WILL BE REQUIRED.

(1)	Trevious racing number (if any)	i Ormaia Naceu				
	YearPrevious promotion	Last grade a	chieved			
(2)	DISCLOSURE OF PREVIOUS OR CURRENT RACING SUSPENSIONS OR BAN					
	Are you currently under a suspension?		YES NO			
	Have you been suspended or banned from racing by North East Oval Sports or any other promotion in or out of the ORCi.					
	If the answer is YES to either of the above please give details		YES NO			
(3)	Formula (s) to be raced according to this	application:-				
	(1) R	acing number requested	d			
(2)(2)(please note there is an additional charge if you wish to race more than one formula see contract notes item 3.)						
ORIVE	ERS FULL NAME (Block Caps)					
ORIVE	ERS DATE OF BIRTH	AGE AT LAST BIR	THDAY			
ADDR	RESS (Block Caps)					
		Post Code				
Home Tel:		to other registe		ut		
Work	Tel:	Work Tel: YE Home Tel: YE Mobile: YE				
Mobil	e:	Delete where a				
SIGNE	ED BY APPLYING DRIVER					
Spons	sors Names	/				
Signe	d for and on behalf of North East Oval Sp	orts and				
	Racing Manage	r				

Formula Raced

Previous racing number (if any)