



The 2020 Eddy's X-treme Championship Round 1

Venue: Parkwood Off road Centre, Tong Lane, Bradford, BD4 0RR

Date: January 12th, 2020

| | | | | | |
|--|-------------------|-----------------|-----------|---------|----------------|
| Full Name: | | | | | |
| Full Address: | | | | | |
| Post Code: | | Age if under 18 | | | |
| Contact Telephone Number: | | | | | |
| Contact email address: | | | | | |
| Please enter your bike details: | | | | | |
| Please enter any sponsors you would like listed in the event programme: | | | | | |
| Class – (Please circle as appropriate): | AM Event: 2 Hrs | YOUTH | SPORTSMAN | | SPORTSMAN VETS |
| | PM Event: 2.5 Hrs | CHAMPIONSHIP | EXPERT | CLUBMAN | ELITE VETS |
| Transponder number (if appropriate): | | | | | |
| Acknowledgement of the risks of motorsport: I / we understand that by taking part in this event I / we are exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I / we acknowledge that even in the event that negligence on the part of Fast Eddy Racing, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I / we may suffer, the dominant cause of any serious injury will always be my / our voluntary decision to take part in a high risk activity. I / we have read the above and acknowledge that my / our participation in motorsport is entirely at my / our own risk. | | | | | |
| Signature of Rider: | | | | | |
| <i>IMPORTANT: For riders under 18 years of age – I accept the above conditions of entry to this event and give my approval: -</i> Signature of parent or person with parental responsibility: | | | | | |
| Print Name: | | Signature: | | | |

Please return this form and payment (£85) to Chris Parkes, Fast Eddy Racing Entries, Unit 2 Rolling Mill Road, Norton Canes, Staffs, WS11 9UH or email to fasteddyracing@hotmail.com. Please make cheques payable to Fast Eddy Racing Ltd.

We will also accept your entry over the phone, we fill in the form for you, and take full payment by debit or credit card. To enter by phone or if you require any further information please contact the shop on 01543 450150, option2 or Chris on 07889924560.

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| For Official use only | | | |
| Credit/Debit Card Number | | | |
| Expiry Date | | CVC | |
| Date Received | | | |