



6th & 7th March 2010
 ABN 93 420 435 467
 PO Box 40 Lurnea NSW 2170
 Ph 0418 411 958

Official Use Only

Receipt No.....

.....
 Competitor Number

APPLICATION FORM

Personal Details

Competitor's Name.....
 Address.....
 Home Phone.....Mobile.....
 E-Mail Address.....
 Licence No.....Expiry Date.....
 Club.....
 Competition Experience.....

Vehicle Details

Make of Vehicle.....Model.....
 Engine Type.....Capacity.....
 Petrol.....Diesel.....LPG.....
 Rego. No.....Expiry Date.....
 Tyre Size.....
 Body Lift (inches / cm).....Suspension Lift (inches /
 cm).....
 Other Modifications.....

Camping price per car (max 2 Adults)	@ \$100.00	<input type="checkbox"/>
Day Spectator only	@ \$ 50.00	<input type="checkbox"/>
Extra Adult camping	@ \$ 30.00	<input type="checkbox"/>
Funkhana Fee per Adult	@ \$ 25.00	<input type="checkbox"/>
Hill Climb Fee per Adult	@ \$ 20.00	<input type="checkbox"/>
Night Event (proceeds to Goulburn Charity)	@ \$ 5.00	<input type="checkbox"/>

DRIVER INDEMNITY

In Consideration of the Off Road 4x4 Club of NSW Inc. accepting my application to participate in the Bushranger Off Road 4x4 Clubkhana 2010 organised activities

I do hereby indemnify the Club and it's officers, members, servants and / or agents against any damages or loss which may befall on or occur to me or to my property, or to my spouse or children, or to my guests and visitors or their property, as a consequence of or arising directly or indirectly from my or their participation in or attendance at the Bushranger Off Road 4x4 Clubkhana 2010/ the Club's activities or functions. I also indemnify the Club, its officers, members, servants and / or agents against any claim, action, proceeding or demand made or prosecuted against any of them by any person or persons in respect of such damages or loss and against all costs, damages and expenses which may be incurred in defending or settling any such claim, action, proceeding or demand.

I further authorize any officers, members or servants of the Club in the event of any injury or illness befalling me or my family whilst I am participating in any way in any Club activity or function to obtain any medical assistance or treatment they may deem necessary or expedient and for the purpose to engage any doctors, para-medics, nursing assistants, hospital accommodation or transport of any kind and I do hereby indemnify the Club from or against any medical or other expenses so incurred and will pay such expenses to the Club on demand

DATED this day of2010

Signature of Applicant

PLEASE COMPLETE BOTH SIDES OF THIS FORM