Magherafelt & District Motor Club Ltd ~ Entry Form



SIGNATURE:

www.magherafeltmotorclub.co.uk

EVENT	0	Club Tour Of The Sperr	rins Rally DATE: Sat 11 th May 201	13		
DETAILS:	ENTRANT	DRIVER	NAVIGATOR			
NAME:						
E-MAIL ADDRESS FULL ADDRESS:						
POSTCODE DATE OF BIRTH						
MOBILE TELE NO:						
COM LICENCE NO:						
CONTACTA	CONTACT NAME: BLE TELEPHONE NO:	THE EVENT	OF AN ACCIDENT/EMERGENCY			
allergies whether perm sumit to the Competition	nanent or temporary, I herel on secretary prior to starting DRIVER'S SIGNATURE:	by take responsibility to downly the event. This form is only	al condition, be taking any medication or suffer from load /request at rally office a medical form, complete for medical use on the day and will be destroyed after AVIGATOR'S SIGNATURE	e an er.		
			RIVERS AND PASSENGERS INDEMNITIES			
'I declare that I have b for this event and agree acknowledge that I und understand that all per negligence' I declare that the use of the event as shall talestands. My age is4. I agree to maintain in gentrant's Signature	een given the opportunity to reache to be bound by them. I declerstand the nature and type of the sons having any connection with the car hereby entered will be determined by the place on the road as defined in the sond condition any Perpetual Transport of the property	and the General Regulation of the Modelare that I am physically and ment the competition and the potential rise ith the promotion and/or conduct of the covered by insurance as required by in the Act. Ilicable state "Over 17 years") ophies won by me, and to return the Signature *See declaration no	otor Sports Association and, if any, the Supplementary Regulated to take part in the event and I am competent to do sk inherent with motorsport and agree to accept that risk. Fur of the event are insured against loss or injury caused through the Road Traffic Act, N Ireland 1977, which is valid for such the the Secretary, MADMC Ltd when requested to do so. Once below Navigator's Signature	so. ther		
Date:	Date:		Date:	_		
		f age, form must be countersignship to Driver	gned by the Parent/Guardian stating relationship Relationship to Navigator			
		dress				
Tel No	Tel No		Tel No	Tel No		
*DRIVERS DECLAR or temporary which is I	RATION : I understand that likely to affect prejudicially		vent be suffering from any disability whether perman nicle, I may not take part unless I have declared such			

5 best RESULTS in the last 3 yrs, EVENT 1.	CLASS PLACE(please indi	cate Class)	OVERALL P	LACE	
2.					
3.	_				
4.					
5		v			
IF you have NO results we WILL assume you PLEASE INDICATE BELOW WHERE	,	Yes EFF	No _		
	-30 31 - 40		-50 T	51-60	
	-90 91 -100	101 -		31-00	
PLEASE INDICATE WHICH DAY YOU ENTRY SELECTION CRITERIA:(see Si	S 5 R point 16 - checks will be c	UN THarried out).	FRI 10TH		
Any driver who has competed in TOTS in 2 of	out of the last 3 years, 2010, 20	11 or 2012. (Give details:		
MADMC Club Members, Plese give member	-	Oriver:		Navigator	:
Carryduff Forklift MSA ANICC NI Stage Ra OVERALL CHAMPIONSHIP RESULT:	ally Championship 2012,		CLASS		RESULT
Is the Driver registered with Carryduff Forkli Is the Navigator registered with Carryduff Fo			<u> </u>	YES YES	NO NO
	CHECK LIST & RE	<u>MITTAN</u>	<u>CE</u>		
Completed Entry 'Details' Section Signed Entry Form (3 times each) Medical Questionnaires x 2 (see not	te)		Driver		Navigator
Payment breakdown:					
Standard Entry Fee Up to 27 th April	£ 27500				
£10 Club Membership *Driver	£				
£10 Club Membership **Navigator	r		£	-	
	£	-			
 N/A if a valid ANICC or MSI 2013 men ANY REFUNDS MADE TO: 	nbership card is Produced at D	ocumentatio	•	older's nam	e:

DRIVER'S NAME:-.... CLASS ENTERED: -