

Magherafelt & District Motor Club Ltd ~ Entry Form



www.magherafeltmotorclub.co.uk

EVENT **Glenview Trophies Targa Rally** DATE **Sat 19 Nov '16**

ALL SECTIONS TO BE COMPLETED, FORM TO BE COMPLETED IN **CAPITALS**

DETAILS:	ENTRANT	DRIVER	NAVIGATOR
NAME:			
E-MAIL ADDRESS			
FULL ADDRESS:			
POSTCODE			
COMPETITION LICENCE NO			
DATE OF BIRTH			
MOBILE TELE NO:			

IN THE EVENT OF AN ACCIDENT/EMERGENCY

CONTACT NAME: _____

CONTACTABLE TELEPHONE NO: _____

CAR DETAILS:

Car Make:		Registration No:	
Car Model:		Year of Manufacture:	
CC:		Class:	See below

CLASS		Please tick ONE box
1	Master and Experts combined, Front Wheel Drive	
2	Masters and Experts combined, Rear Wheel Drive	
3	Semi Experts, Front Wheel Drive	
4	Semi Experts, Rear Wheel Drive	
5	Novices, Front Wheel Drive	
6	Novices, Rear Wheel Drive	

UNDERSTANDINGS, DECLARATIONS AND UNDERSTAKING BY ENTRANTS, DRIVERS AND PASSENGERS INDEMNITIES

1. 'I declare that I have been given the opportunity to read the General Regulation of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk. Further, I understand that all persons having any connection with the promotion and/or conduct of the event are insured against loss or injury caused through their negligence' 2. I declare that the use of the car hereby entered will be covered by insurance as required by the Road Traffic Act, N Ireland 1977, which is valid for such parts of the event as shall take place on the road as defined in the Act. 3. My age is (if applicable state "Over 17 years") 4. I agree to maintain in good condition any Perpetual Trophies won by me, and to return them to the Secretary, MADMC Ltd when requested to do so.

Entrant's Signature _____ **Driver's Signature** *See declaration note below _____ **Navigator's Signature** _____

If any entrant/driver/navigator is under 18 years of age, form **must be** countersigned by the Parent/Guardian stating relationship.
 Relationship to Entrant Relationship to Driver Relationship to Navigator
 Your address Your address Your address
 Tel No Tel No Tel No
 Sig Sig Sig

***DRIVERS DECLARATION:** I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the MSA which has, following such declaration, issued a licence which permits me to do so. **Signature:**.....

Payment: Entry Fee £80.00 Driver's M'ship £10.00 Navigator M'ship £10.00 TOTAL = £ _____
Insurance Fee - TBA

Post Entry form with payment to: **B Averall 325 Hillhead Road , Knockloughrim, Magherafelt . BT45 8QT**