



**SATURDAY 7TH MAY 2016**

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

DETAILS:	ENTRANT	DRIVER	NAVIGATOR
NAME:			
E-MAIL ADDRESS			
FULL ADDRESS:			
POSTCODE			
TELEPHONE NO:			
COM LICENCE NO:			

**IN THE EVENT OF AN ACCIDENT/EMERGENCY**

CONTACT NAME:		
TELEPHONE NO:		

**\*DRIVER & NAVIGATOR'S MEDICAL DECLARATION: (Not applicable IF SUBMISSION BY E-MAIL)**

I understand that should I at the time of this event be suffering from any medical condition, be taking any medication or suffer from any allergies whether permanent or temporary, I hereby take responsibility to download /request at rally office a medical form, complete and submit to the Competition secretary prior to starting the event. This form is only for medical use on the day and will be destroyed after.

DRIVER'S SIGNATURE: ..... NAVIGATOR'S SIGNATURE.....

CAR:..... CLASS ENTERED..... CUBIC CAPACITY: ..... REGISTRATION NUMBER:.....

**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**

Age if under 18

Date:

**Driver's Signature** \*See declaration note below

Age if under 18

Date:

**Navigator's Signature**

Age if under 18

Date:

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.

(Not applicable IF SUBMISSION BY E-MAIL)

SIGNATURE: .....



**SATURDAY 7TH MAY 2016**

DRIVER'S NAME:.....

CLASS ENTERED: .....

**4 BEST RESULTS IN THE LAST 3 YRS**

EVENT	CLASS PLACE (please indicate Class)	OVERALL PLACE
1.		
2.		
3.		
4.		

If you have NO results we WILL assume you are you a beginner? Yes  No

**PLEASE INDICATE BELOW WHERE YOU THINK YOU SHOULD BE SEEDED**

0- 10     11 -20     21 -30     31 - 40     41 -50     51-60

61-70     71-80     81-90

**ENTRY SELECTION CRITERIA:**(see SR point 16 - checks will be carried out):

**MADMC** Selected places, if you meet none of the Criteria and feel you are eligible for a place, please give details:

Any driver/navigator who has competed in TOTS in 2 out of the last 3 years, 2013, 2014 or 2015. Give details:

MADMC Club Members, Please give membership number:    Driver     Navigator

**Payment Method**

**TICK ONE BOX**

Online Entry and Payment via bank transfer (details on online entry system accessible through Magherafelt Motorclub Website).

Ref Payment Driver's Full Name: \_\_\_\_\_

Online Entry Form and Post payment to entry secretary.

Download Entry Form and and post entry form and payment to entry secretary

Post Entry Form and/or Payment to:

Cheques should be marked A/C Payee and made payable to "Magherafelt and District Motorclub"

B Averall 325 Hillhead Road, Knockloughrim, Magherafelt, BT45 8QT

Email: [bridie@madmc.org](mailto:bridie@madmc.org)

Tel: 07904018886(after 6:30pm)