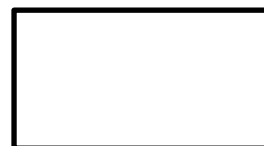


Magherafelt & District Motor Club Ltd



Entry Form

EVENT: **McGEEHAN MOTORSPORT & PPP SALVAGE RALLY TIME TRIAL** DATE: Fri 26 Aug 2016

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

DETAILS

NAME

ADDRESS

POSTCODE

EMAIL ADDRESS

MOBILE NO

COM LICENCE NO:

DRIVER	2 nd Driver(if Dual Entry)

IN THE EVENT OF AN ACCIDENT/EMERGENCY

CONTACT NAME:

CONTACT TELEPHONE No:

***DRIVER'S MEDICAL DECLARATION:**

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:..... 2nd DRIVER'S SIGNATURE.....

CAR MAKE	CLASS (See SR8 or overleaf)	Cubic Capacity	Registration

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

- 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.
- 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.
- My age is (if applicable state "Over 17 years")
- 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

		Drivers Sign	2 nd Drivers Sign
<u>PAYMENT</u>		Date	Date
Driver	£100.00	Form must be countersigned by parent/Guardian stating Relationship if driver(s) under 18	
2 nd Driver(Dual entry)	£100.00		
TOTAL	£	Relationship	Relationship
Any Refunds payable to:		Your Address	Your Address
More details and information on www.magherafeltmotorclub.org		Tele No	Tele No
		Signature	Signature

POST COMPLETED ENTRY FORM & PAYMENT TO:

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