

Magherafelt & District Motor Club Ltd ~ Entry Form



www.magherafeltmotorclub.co.uk

EVENT **Glenview Trophies Targa Rally** DATE: **Sat 21st Nov '15**

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

DETAILS:	ENTRANT	DRIVER	NAVIGATOR
NAME:			
E-MAIL ADDRESS			
FULL ADDRESS:			
POSTCODE			
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

- 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.

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

 Date: _____ Date: _____ 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

DRIVER'S NAME:-

***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:

CHECK LIST & REMITTANCE

ENTRY SUBMISSION BY: **DOWNLOAD + POST**

	Driver	Nav
Completed Entry Form	<input type="text"/>	<input type="text"/>
Signed Entry Form (3 times each)	<input type="text"/>	<input type="text"/>

PAYMENT:

Entry Fee £ 70.00

REIS Insurance £ 25.00 (before any loadings)

MADMC M'ship No: _____ OR £10 Club Membership Driver £

MADMC M'ship No: _____ OR £10 Club Membership Navigator £

TOTAL £ _____

Post Entry Form with Cheque/Postal Order/Bank Draft to:

Mary O'Kane
125 Grove Road
Swatragh
BT46 5QZ