

Caledonian Classic & Historic Motor Sport Club Ltd

Caledonian 200 Winter Rally

19 & 20 November 2016

ENTRY FORM

Driver		Navigator	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Mobile		Mobile	
E-mail		E-mail	
Age < 18		Age < 18	

All competitors must sign the Declaration on page 2. Competitors under 18 years require a Parent or Guardian to sign the Declaration on page 2.

Driver's next of kin		Navigator's next of kin	
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Mobile		Mobile	

Awards and Classes

(Please tick award and enter class – you may only enter for 1 award and class. Refer to Supplementary Regulations for further information)

Caledonian 200 Historic Class		Caledonian 200 Trophy	
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Vehicle details

Make/model		Engine size		No of Cylinders	
Year		Reg. No		No of camshafts	

NESCRO Member - Club Name		Member Nos	
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I will be using my own insurance YES / NO (Delete as applicable)

My Insurance Company is :-

I comply with the Jelf Insurance declaration and will use their insurance YES / NO (Delete as applicable)

CCHMSC Club Membership (included in Entry Fee)			
Driver		Navigator	
Existing 2016 Member (Y/N)		Existing 2010 Member (Y/N)	
If Y please enter member Number		If Y please enter member Number	
Entry Fee - crew of two			
Full Entry Fee		£75.00	
TOTAL		£	

Cheques should be made payable to:- Caledonian Classic and Historic Motor Sport Club Ltd.
Entry must be received by Monday 14 November 2016

Declaration

I declare that I have been given the opportunity to read the General Regulations of the MSA UK and if any, the Supplementary Regulations to 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 motor sport and agree to accept the risk. I understand that all persons having any connection with the promotion and/or organisation of the event are insured against loss or injury caused through their negligence.

I declare that the use of the vehicle hereby entered will be covered by insurance as required by law which is valid for such part of this event as shall take place on roads as defined by law.

I understand that should I at any time of the 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 ASN which has following such a declaration issued a licence which permits me to do so.

I confirm that I have read and agree the terms of the Declaration

Signature of Driver		Age if < 18		Date	
Signature of Navigator		Age if < 18		Date	

Consent of Parent or Guardian if Driver and/or Navigator are under 18 years of age.

Parent/Guardian of Driver		Parent/Guardian of Navigator	
Name		Name	
Address		Address	
Relationship		Relationship	
Phone		Phone	

Return Entry to: - Jim Paterson, 254 Rullion Road, Penicuik, EH26 9JL