Caledonian Classic & Historic Motor Sport Club Ltd

Clyde Valley Rally 30 September 2018

ENTRY FORM

Driver	Navigator				
Name	Name				
Address	Address				
Postcode	Postcode				
Telephone	Telephone				
Mobile	Mobile				
E-mail	E-mail				
Age < 18	Age < 18				
All entrants must sign the Declaration on page 2. Entrants under 18 years require a					

Driver's next of kin	Navigator's next of kin	
Name	Name	
Address	Address	
Postcode	Postcode	
Telephone	Telephone	
Mobile	Mobile	
Vehicle details		
Make/model	Engine size	
Year	Reg. No	

Club membership:

Driver	Navigator				
Are you a 2018/19 member of CCHMSC Ltd? YES/NO		Are you a 2018/19 member of CCHMSC Ltd?			
If Yes – please enter membership No		If Yes – please enter membership No			

intr	ry Payments -	(Direct Bank Transf	er available. Send	to Sort code 80-73-31	Account No 00242475 Ref CVR
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Clyde Valley Rally entry fee per Car Membership (£ 5 each)	£ 10.00	Bank Direct Transfer – Your Details Sort Code :-
Membership (£ 3 each)	<u></u>	Account No :-
Total Payment Enclosed	£	Account No 1

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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 to 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 Driv	Parent/Guardian of Navigator						
Name		Name					
Address		Address					
Relationship		Relationship					
Phone		Phone					
Signature		Signature					

Return Completed Forms to:-

Jim Paterson 254 Rullion Road, Penicuik EH26 9JL

You can email a scan or photo (both sides) to jim.paterson@btinternet.com pay by direct Bank Transfer, OR at Signing On 30th September

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