CALEDONIAN ECONOMY RUN 7TH JULY 2019 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 Parent or Guardian to sign the Declaration on page 2 (PTO)

Driver's next of kin		1	Navigator's next of kin					
Name		1	lame					
Address		Å	Address					
Postcode		F	Postcode					
Telephone			Felephone					
Mobile		1	Iobile					
Vehicle details								
Make/model			Engine size					
Year			Reg. No					
			Fuel type	Petrol	Diesel			
Club membership:	_1		I					
Driver			Navigator					
Are you a 2019/20 membe	YES/NO	Are you a 2019/	re you a 2019/20 member of CCHMSC Ltd? YES/NC					
If Yes – please enter membership No			If Yes – please e	se enter membership No				
Entry Payments - (Note	email entries can b	e paid at S	Signing On at the	start of the	e event)			
Economy Run entry fee per	Car £35.00	[Direct	Bank Transfer: So	ort Code 80)-73-31 Account 00	242475]		
Membership (£ 5 each)	£	_						

£_____

Total Payment Enclosed

CALEDONIAN ECONOMY RUN

7TH JULY 2019

Declaration

I declare that I have been given the opportunity to read the General Regulations of Motorsport 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 0	Guardian if Driver and/or N	lavigator are u	nder 18 y	ears o	of age.		
Parent/Guardian of Drive	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 Payment may be made by cheque OR Direct Bank Transfer Sort Code 80-73-31 Account 00242475