### **Caledonian Classic & Historic Motor Sport Club Ltd**

# Red Hackle Tour 5 May 2019

#### **ENTRY FORM**

Driver				Navigator			
Name				Name			
Address				Address			
Postcode				Postcode			
Telephone				Telephone			
Mobile				Mobile			
E-mail				E-mail			
Age < 18				Age < 18			
	s mu	st sian the Decl	aration		_ ∣ ınts under 18 years requir	 re a	
Parent or 0		dian to sign the		tion on page 2.			
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:							
<b>Driver</b> Are you a 2019/20 member of CCHMSC Ltd? YES/NO				Navigator			
Are you a 2019/20 me	ember	Of CCHMSC Ltd?	YES/NO	Are you a 2019/	20 member of CCHMSC Ltd?	YES/NO	
If Yes – please enter membership No				If Yes – please enter membership No			
Entry Payments - (No	ote er	nail entries can be	paid at S	Signing On at the st	art of the event)		
Red Hackle Tour entry Membership (£ 5 each)	•	er Car <u>£</u> 39.00 <u>£</u>	[Direct	Bank Transfer: So	ort Code 80-73-31 Account 002	242475]	
Total Payment Enclo	sed	£	_				
			Pag	ge 1 of 2	I	ssue 1	

#### Caledonian Classic & Historic Motor Sport Club Ltd

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#### **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						
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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	ver	Parent/Guardian of Navigator							
Name		Name							
Address		Address							
Relationship		Relationship							
-1									
Phone		Phone							
<b>C</b> : 1		6: 1							
Signature		Signature							

Return Completed Forms to:-

Jim Paterson 254 Rullion Road, Penicuik EH26 9JL

You can email a scan or photo (both sides) to <a href="mailto:jim.paterson@btinternet.com">jim.paterson@btinternet.com</a>
Payment may be made by cheque OR Direct Bank Transfer
Sort Code 80-73-31 Account 00242475

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