## Caledonian Classic & Historic Motor Sport Club Ltd Red Hackle Tour 15 August 2021

## 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.

Driver's next of kin	Navigator'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 2021/22 member of CCHMSC Ltd? YES/NO		Are you a 2021/22 member of CCHMSC Ltd?	YES/NO	
If Yes – please enter membership No		If Yes – please enter membership No		

### Entry Payments - (Note email entries can be paid at Signing On at the start of the event)

£

Red Hackle Tour entry fee per Car	£ FREE	[Direct Bank Transfer: Sort Code 80-73-31 Account 00242475]
Membership (£ 5 each)	£	

<b>Total Pa</b>	yment Enclosed
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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	
Signature of navigator		Age if <18		Date	
Consent of Parent or 0	Guardian if Driver and/or N	avigator are u	nder 18 y	ears o	f 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