

# Caledonian Classic & Historic Motor Sport Club Ltd

## Tour of the Borders

5 October 2025

### 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	
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 2025/26 member of CCHMSC Ltd?	YES/NO	Are you a 2025/26 member of CCHMSC Ltd?	YES/NO
If another MSUK Registered club, enter Club Name [ ] Mem No		If another MSUK Registered club, enter Club Name [ ] Mem No	

### Entry Payments -

Tour of the Borders entry fee per Car	£ 55.00	Preferred payment bank transfer:-
Membership (£ 5 each)	£ _____	Name: Caledonian Class & Historic Motor S C
<b>Total Payment Enclosed</b>	£ _____	Sort code: 80-73-31
		Account No: 00242475

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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.

<b>I confirm that I have read and agree to the terms of the Declaration</b>					
Signature of driver		Age if <18		Date	
Signature of navigator		Age if <18		Date	
<b>Consent of Parent or Guardian if Driver and/or Navigator are under 18 years of age.</b>					
Parent/Guardian of Driver		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 [caledonianmsc@gmail.com](mailto:caledonianmsc@gmail.com)  
pay by direct Bank Transfer,