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

**Entry Payments**

Grampian Gallop entry fee per Car £ 65.00 Preferred payment bank transfer:-

Membership (£ 5 each) £\_\_\_\_\_\_ Name: Caledonian Class & Historic Motor S C

Sort code: 80-73-31

**Total Payment Enclosed** £\_\_\_\_\_\_ Account No: 00242475

**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 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

**or email scan or photograph (both pages) copy to:-** **caledonianmsc@gmail.com**