Caledonian Classic & Historic Motor Sport Club Ltd

Tour of the Wall 25 March 2018 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 2016/17 member of CCHMSC Ltd? YES/NO		Are you a 2016/17 member of CCHMSC Ltd?	YES/NO		
If Yes – please enter membership No		If Yes – please enter membership No			

E	D	
Fntrv	Pavm	ents

Tour of the Wall non member entry fee per Car	£ 35.00
Tour of the Wall existing member entry fee per Car	£ 30.00
Total Payment Enclosed	£

Caledonian Classic & Historic Motor Sport Club Ltd

Tour of the Wall 25 March 2018

Declaration

CCHMSC Club Newsletter

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 N	avigator are u	nder 18 y	ears o	f age.
Parent/Guardian of Driver			Parent/Guardian of Navigator			
Name			Name			
Address			Address			
Relationship			Relationship			
Phone			Phone			
Signature			Signature			
Where did you hear about this event (please tick where you first saw this event advertised)						
CCHMSC website	,,	Classic Car Wee				

Return Completed Forms to:-

Other (please specify)

Jim Paterson 254 Rullion Road Penicuik EH26 9JL