# **COOKSTOWN MOTOR CLUB Ltd**

## www.cookstownmotorclub.co.uk

For Club Use:	Received: £ Date:		
No.	(	Complete	YES/NO
	Required:		
NAVIGATION RALLY ENTRY FORM (To be completed in	n <i>Block Capitals)</i> Event Da		7 <sup>th</sup> March 2015
Event DONALDSON FUELS NAVIGATION RALLY	Status NATIONAL B/0	CLUBMAN	
Driver:			
Address		Post (	Code
Telephone Number	Competition Licence No.		
Navigator:			
Address		Post (	Code
Telephone Number	Competition Licence No.		
Car: Make	Reg. No.		
Class Entered	Cubic Ca	ıp	
E-mail address			
Final Instructions should be sent to: DRIVER / NAVIO	GATOR (delete as appropr	iate)	
1. I have read the Supplementary Regulations issue the General Regulations of The Motor Sports Association of my being permitted to take part in this event, in respect road, I agree to save harmless and keep indemnified The body as may be authorised by The Motor Sports Assocrespective Officials, Servants, Representatives and Agents, from and again respect of Death of or injury to or Damage to the Proper associated personnel arising out of or in connection with	on Ltd. In consideration of ct of any parts of the event e Motor Sports Association ciation Ltd., to promote or ents together with other Co est all actions, claims, cos rty of myself, my Driver(s),	the acceptance not held on a lead of Ltd., such per organise this competitors and test, expenses and Passenger(s)	e of this entry or Publicly Adopted rson, persons or event and their I their respective and demands in Mechanic(s) or
State your age if under 18	(Driver)		
State your age if under 18	(Navigator)		
2. I understand that should I at the time of this event temporary which is likely to affect prejudicially my normal declared such disability to the Motor Sports Association licence which permits me to do so.	al control of my vehicle, I n	nay not take pa	art unless I have
Signature of Driver	Date		
Signature of Navigator	Date		

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3. If the Driver/ or Navigator is under 18 years, the parent or guardian's signature is required below.

#### "THIS ENTRY IS MADE WITH MY CONSENT"

PARENT OR GUARDIAN:  OF DRIVER:		
Name	.Address	Tel No
OF NAVIGATOR:		
Name	.Address	Tel No
4. PERSON/S TO BE INFORME	ED IN THE CASE OF A SERIOUS ACCIDENT	
Driver's next of kin		
Name	.Address	Tel No
Navigator's next of kin		
Name	.Address	Tel No
I enclose (tick as appropriatev): DONALDSON FUELS NAVIGATION Late Entry Fee from 25/3/15 until 27/2 Club Membership Fee for 2015 for D	N RALLY Entry Fee (up to 25/3/15) is £25.00 /3/15 is £30.00	£25 £30 £10
COMPULSORY Public Road Motor	Insurance – Jelf Insurance Partnership is £12.50	
(See event Supplementary Regulation	ons for eligibility criteria)	£12.50
TOTAL AMOUNT (insert sum tota	·	£
(For summary of fees see attached s	Supplementary Regulations).	
Please send this <b>completed</b> entry for	orm, with cheques payable to <b>Cookstown Motor Club Lt</b>	d and crossed A/C
Payee to:-		
Bob McKeown, 22 Annaghone	Road, Stewartstown, BT71 5PH	
Please enclose all Fees applicable speed up Documentation at Signi	e to your Entry in order to assist the Secretary of the l ng On. Thank You.	Meeting and to

#### IMPORTANT PLEASE COMPLETE THIS SECTION WITH RECENT RESULTS ACHIEVED

EVENT	CLASS ENTERED	CLASS PLACE	OVERALL PLACE