Tipperary Light Car & Motorcycle Club Sean Conlon Memorial Forest Rally

16th. June 2013



Number

ENTRANT							
Name		Er	ntrant Lic. No.	Issued By;) 		
DRIVER							
First Name;	Last Name;						
Address;							
Date of Birth;	Co	omp. Lic. No.;	ls	ssued By;			
IRDS - BRDS No.;	(Please note that you cannot start without an Insurance letter)						
Tel. (W);	Tel. (H);	Mo	bile			
		Co	o-DRIVER				
First Name;		[_ast Name;				
Address;							
Date of Birth;							
Tel. (W);	Tel. (H);		Mo	bile			
CLASS ENTERED			Car Details				
				Log Book No.			
1	6		Year of Manufacture		C.C.		
2	7		Make				
3	8						
4	9						
5	20		Reg. No				
ENTRY FEE	€495	Payment Method	Cheque \square	Money Order	Other		

Driver Signed

Amount

Co-Driver Signed

Class

Date Received

Official Use

Entry Fee

PUBLICITY INFORMATION

Driver's Name	Occupation		
Partner's Name	Children ? Ages		
Who prepares your car	How long have you been rallying		
Are you interested in any other branch of Motorsport			
HOBBIES (other than Motorsport)			
Any other relevant Information			
SERVICE VEHICLE	Please enter below results achieved by the nominated driver during 2011/2012		
Make	EVENT YEAR O/A POSITION		
Model			
Reg. No.			
Colour			
	<u> </u>		
guidelines and regulations contained in Motorsport Ireland's Codin this event I agree to save harmless and keep indemnified the Tipperary Lig t/a Motorsport Ireland and their respective officials, servants, reg loss of or damage to the person or property of myself, my driver or my taking part in this event and notwithstanding that the same representative or agents. Furthermore, in respect of any parts or named above extend to all and any other competitor(s) and the person or property of myself, my driver(s), passenger(s) or med My age (driver) is (if applicable, state "over 18 years (b) I declare that to the best of my belief the driver(s), pa the car entered is suitable and roadworthy for the event having of I declare that the use of the car hereby entered is covered by In defined in the Act. (c) I understand that should I at the time of this event b normal control of my automobile, I may not take part unless I ha (d) I undertake that at the time of the event to which this certificates on the official MI or FIA Medical Forms will be accep (e) Any indemnity and/or declaration as prescribed by s person's parent or guardian, whose full names and address sha and the Irish Sports Council to carry out tests in accordance with "I/We hereby grant permission to MI and the Irish Sports Council "I/We hereby grant permission to MI and the Irish Sports Council	s"). My age (co-driver) is		
	Signed (Parent / Guardian) (If under 18 Only)		
	Signed (Parent / Guardian) (If under 18 Only)		
Address			
Signed (Co-Driver)	Signed (Parent / Guardian) (If under 18 Only)		
Address			