

LOUGH NEAGH STAGES Sunday 7th July 2013 OFFICIAL ENTRY FORM

Held under the general regulations of the motorsports association

(incorporating the provisions of the international sporting code of the FIA)

	DRIVER: *entrant	NAVIGATOR: * entrant (*delete as appropriate)				
NAME:						
ADDRESS:						
EMAIL:						
TELEPHONE :						
COMP LICENCE:						
CONTACT NAME:	NEXT OF KIN/CONTAI	CT IN EMERGENCY				
TELEPHONE NO:						
TELEFTIONE NO.						
Car	Cubic capacity.					
Registration No:	Class entered	(See supplementary regulations)				
regulations for this event at to do so. I acknowledge the Further, I understand that a loss or injury caused through	condition any perpetual trophies won by me and to return to	and mentally fit to take part in the event and am competent inherent with motor sport and agree to accept that risk. organisation and/or conduct of the event are insured against				
Signature of the driver	·	age if under 18date				
Signature of the navig	ator	age if under 18date				
'I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part unless I have declared such disability to A.S.N., who have following such declaration, issued a licence which permits me to do so.'						
Signature of the driver						
Name	relatior	ship with driver				
Address		Postcode				
Tel no	Sigr	naturedatedate				
Name	relationship with navigator					
Address	Postcode					
Tel no	Sic	naturedatedate				

vent	Cla	ass Place (please indica	te class)	Overall Pla	ace
<u> </u>		,			
YOU HAVE N	IO RESULTS WE WILL ASSU	ME YOU ARE A BEGIN	NER?	YES / NO	* DELETE AS APPROPRIAT
surance: mot	or sports club scheme				
ecessary to me omply with all p	pplied for blanket cover note un set RTA requirements on the roa points of the declaration:	ad sections of the event.			
Not moNo moNo phy	1 and held a full licence for at ore than 1 fault accident in las re than maximum of 6 speedin rsical or mental disabilities er material facts	st 3 years			
surance fees					
able to comply	with all points above, sign on s £25	signing on form for insura	ance; no letter	of acceptance	e will be issued.
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Date received	Payment method	Drawer	Amount remitted	Amount due