BIRR AND DISTRICT MOTOR CLUB LIMITED STAGES RALLY SUNDAY 21st FEBRUARY 2016

ENTRY FORM

DRIVER

| FIRST NAME : | Surname : |
|-------------------------|--|
| Address: | |
| | (MOBILE) |
| COMPETITION LICENCE No: | ISSUED BY: |
| IRDS/BRDS NUMBER: | |
| | NAVIGATOR |
| | Surname : |
| | |
| | (MOBILE)_ |
| COMPETITION LICENCE NO: | ISSUED BY: |
| EMAIL ADDRESS FOR CREW: | |
| | CAR DETAILS |
| YEAR OF MANUFACTURE: | Make: |
| MODEL: | REG NO : |
| CUBIC CAPACITY: | CLASS ENTERED: |
| ENTRANT (| ONLY COMPLETE IF YOU HAVE AN ENTRANTS LICENCE) |
| Name: | |
| ADDRESS: | |
| | (MODILE) |
| | (MOBILE) |
| ENTRANTS LIC NO: | ISSUED BY : |
| Make: | SERVICE VEHICLE MODEL: |
| | |

^{*} BOTH CREW MEMBERS MUST BE RESIDENT IN COUNTY LAOIS.

SEEDING

| 1-25 () 26-50 () 51-75 () 76-100() 101+ ()AT ORGANISERS DISCRETION () PLEASE ENTER RESULTS BELOW ACHIEVED BY NOMINATED DRIVER 2014/2015 | | | | |
|--|---|---|---|--|
| EVENT | YEAR | Position O/A | | |
| | | | | |
| | DECLARA' | TION OF INDEMNITY | | |
| ncluding the guidelines and regrey being permitted to take part county Council, Irish Automobervants, representatives and agroperty of myself, my driver(s), his event and notwithstanding the ragents. Furthermore, in resperaties named above extend to all r damage to the person or proper | ulations contained in Motorsport Ireland's C in this event I agree to save harmless and ke ile Club Ltd. t/a Royal Irish Automobile C ents from and against all actions, claims, cc , passenger(s) or mechanic(s) (as the case m hat the same may have been contributed to ect of any parts of this event on ground wh Ill and any other competitor(s) and their serverty of myself, my driver(s), passenger(s) or | gree to be bound by them and by the General Competition Rules and Regulatio Code of Conduct for Children's Sport. In consideration of the acceptance of this eleep indemnified the Birr and District Motor Club Ltd (Organising Club), Laois & Club, Irish Motorsport Federation Ltd. t/a Motorsport Ireland and their respective osts, expenses and demands in respect of death, injury, loss of or damage to the lay be) howsoever caused arising out of or in connection with this entry or my taking or occasioned by the negligence of the said bodies, their officials, servants, representer Third Party Insurance is not required by law, this Agreement shall in additionants and agents and to all actions, claims, costs, expenses and demands in respect mechanic(s). | ntry or Kilken officia person ng part sentativ | |
| | if applicable, state "over 18 years"). | | | |
| | (if applicable, state "over 18 years"). | | | |
| nat the car entered is suitable an | d roadworthy for the event having regard to | the standard of competence necessary for an event of the type to which this entry re the course and the speeds which will be reached. quired by the Road Traffic Act, which is valid for such part of this event as shall t | | |
| | | disability whether permanent, temporary or otherwise which is likely to affect pre- clared such disability to MI, who have, following such declaration issued a licen | | |
| | of the event to which this entry relates I sl official MI or FIA Medical Forms will be ac | hall be in possession of a current certificate of medical fitness. In the case of M ccepted. | I Licen | |
| nat person's parent or guardian, ermission to MI and the Irish S I/We hereby grant permission t | , whose full names and address shall be giv ports Council to carry out tests in accordance | d (b) above which is signed by a person under the age of 18 years shall be countered. Furthermore, the parents and/or guardians of persons under 18 years of age slew with the Irish Anti-Doping Rules (Rule No 139) in the following form: out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti- | hall gra | |
| tules." | Indemnity Clause 1 | must be signed for valid entry | | |
| Signed Entrant: | | Date: | | |
| | | | | |
| | | | | |
| Address: | | | | |
| signed Driver: | | Date: | | |
| Signed Parent/Guardian: | | Date: | | |
| | | | | |
| | | | | |
| Signed Co Driver: | | Date: | | |
| igned Parent/Guardian: _ | | Date: | | |
| | | | | |

(PLEASE TICK) CHEQUE ____ CASH ____ M.O. ___ DRAFT____