

**BIRR AND DISTRICT MOTOR CLUB LTD
STAGES RALLY SUNDAY 18th FEBRUARY 2018**

**IRDS/BRDS
Premium:**

ENTRY FORM

DRIVER

FIRST NAME : _____ .SURNAME : _____

ADDRESS: _____

TEL : (HOME) _____ (MOBILE) _____

COMPETITION LICENCE No: _____ ISSUED BY: _____

IRDS/BRDS NUMBER: _____

NAVIGATOR

FIRST NAME : _____ .SURNAME : _____

ADDRESS: _____

TEL : (HOME) _____ (MOBILE) _____

COMPETITION LICENCE No: _____ ISSUED BY: _____

IRDS/BRDS NUMBER: _____ EMAIL ADDRESS FOR CREW: _____

CAR DETAILS

YEAR OF MANUFACTURE : _____ MAKE : _____

MODEL: _____ REG No : _____

CUBIC CAPACITY: _____ CLASS ENTERED: _____

COMMERCIAL ENTRANT (ONLY COMPLETE IF YOU HAVE A COMMERCIAL ENTRANT'S LICENCE)

NAME: _____

ADDRESS: _____

TEL : (HOME) _____ (MOBILE) _____

ENTRANTS LIC No: _____ ISSUED BY : _____

SERVICE VEHICLE

MAKE: _____ MODEL: _____

REG No: _____ PERSON IN CHARGE: _____

AWARDS (PLEASE TICK)

**BIRR MC CREW () CLARE MC CREW () GALWAY MC CREW () LIMERICK MC CREW ()
KERRY MC CREW () CONNACHT MC CREW () BIO FUEL AWARD ()**

SEEDING

WHO DO YOU THINK YOU SHOULD BE SEEDED NEAR? _____

1-25 () 26-50 () 51-75 () 76-100() 101+ () AT ORGANISERS DISCRETION ()
PLEASE ENTER RESULTS BELOW ACHIEVED BY NOMINATED DRIVER 2016/2017

EVENT	YEAR	POSITION O/A
-------	------	--------------

DECLARATION OF INDEMNITY

(a) I have read the supplementary regulations issued for this event and agree to be bound by them and by the General Competition Rules and Regulations of MI including the guidelines and regulations contained in Motorsport Ireland's Code of Conduct for Children's Sport. In consideration of the acceptance of this entry or of my being permitted to take part in this event I agree to save harmless and keep indemnified the Birr and District Motor Club Ltd (Organising Club), Tipperary County Council, Irish Automobile Club Ltd. t/a Royal Irish Automobile Club, Irish Motorsport Federation Ltd. t/a Motorsport Ireland and their respective officials, servants, representatives and agents from and against all actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s) (as the case may be) howsoever caused arising out of or in connection with this entry or my taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, their officials, servants, representatives or agents. Furthermore, in respect of any parts of this event on ground where Third Party Insurance is not required by law, this Agreement shall in addition to the parties named above extend to all and any other competitor(s) and their servants and agents and to all actions, claims, costs, expenses and demands in respect of loss of or damage to the person or property of myself, my driver(s), passenger(s) or mechanic(s).

My age (driver) is (if applicable, state "over 18 years").

My age (co-driver) is (if applicable, state "over 18 years").

(b) I declare that to the best of my belief the driver(s), passenger(s) possess the standard of competence necessary for an event of the type to which this entry relates and that the car entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.
 I declare that the use of the car hereby entered is covered by Insurance as required by the Road Traffic Act, which is valid for such part of this event as shall take place on roads as defined in the Act.

(c) I understand that should I at the time of this event be suffering from any disability whether permanent, temporary or otherwise which is likely to affect prejudicially my normal control of my automobile, I may not take part unless I have declared such disability to MI, who have, following such declaration issued a licence which permits me to do so.

(d) I undertake that at the time of the event to which this entry relates I shall be in possession of a current certificate of medical fitness. In the case of MI Licence Holders, only certificates on the official MI or FIA Medical Forms will be accepted.

(e) Any indemnity and/or declaration as prescribed by sub-paragraphs (a) and (b) above which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian, whose full names and address shall be given. Furthermore, the parents and/or guardians of persons under 18 years of age shall grant permission to MI and the Irish Sports Council to carry out tests in accordance with the Irish Anti-Doping Rules (Rule No 139) in the following form:
 "I/We hereby grant permission to MI and the Irish Sports Council to carry out tests as set out in Rule No 139 of the GCRs in accordance with the Irish Anti-Doping Rules."

(f) I agree to abide by and be bound by the Motorsport Ireland Social Media Policy of conduct as per Appendix 126 of the current MI Yearbook.

Who to contact in the event of a Serious Accident:

DRIVER

CO-DRIVER

Name	Name
Address	Address
Phone Number (Home):	Phone Number (Home):
Phone Number (Mobile):	Phone Number (Mobile):
Relationship:	Relationship:

Signed Commercial Entrant: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

Address: _____

Signed Driver: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

Address: _____

Signed Co Driver: _____ Date: _____

Signed Parent/Guardian: _____ Date: _____

Address: _____

THE CLUB RESERVES THE RIGHT TO REFUSE ENTRY WITH OUT ASSIGNING A REASON.

ENTRY FEE €625. (NOTE EURO ONLY)

(PLEASE TICK) CHEQUE _____ CASH _____ M.O. _____ DRAFT _____ ON LINE _____

**IF YOU WISH TO PAY USING ON LINE BANKING PLEASE USE
THE FOLLOWING QUOTING
DRIVERS AND CO DRIVERS NAMES.**

CLUB PAYMENT DETAILS

**Please make payments payable to
Birr & District Motor Club**

For payments directly into our Bank;

Bank Identifier Code: BOFIE2D

IBAN: IE51BOFI[90167781213189](#)

Branch Code: 901677

A/c Name: Birr & District Motor Club Ltd

A/c Number: 81213189

Bank of Ireland, Birr, Co Offaly