

Country of Registration:		ANICC ALLOCATED COMPETITION No. if applicable:	
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CLASS ENTERED *circle 1 choice only.*

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 16. 17.

If you are part of a Dual Entry, please supply name of other driver:

Please note that if you are part of a Dual Entry, a separate entry form/entry fee will have to be forwarded by each driver.

Are you a registered competitor for the ANICC Millers Motorsport Oils N.I. Hillclimb Championship?

Yes / No

(Priority will be given to registered competitors if entered before 19th August)

| ENTRY FEE
<small>Cheques,
Drafts, Postal Orders should be crossed and made payable to Rathfriland Motor Club Ltd.</small> | | TOTAL |
|---|-----------------------|--------------|
| ECC Spelga Pass Hillclimb entry fee: | £80.00 or €96.00 | £/€ |
| | | |
| Rathfriland Motor Club membership required for Driver? | £10.00 or €12.00 | £/€ |
| | TOTAL DUE | £/€ |
| Please note that an entry will only be accepted if accompanied by a minimum payment of £20 (€24) | TOTAL ENCLOSED | £/€ |

NEXT OF KIN

NEXT OF KIN – Who you would like contacted in the event of an incident.

| | | |
|------------------------------------|-------|---------|
| Next of Kin Name: | | |
| Address if not the same as Driver: | | |
| | | |
| Telephone Number during event: | Home: | Mobile: |
| Relationship: | | |

MEDICAL

Please attach, in a sealed envelope and marked 'for the attention of Doctor', any medical details which should be brought to the attention of the Medical personnel, in case of accident, prior to the event. E.g. allergies to certain drugs; current medication; asthmatic etc. This will be held in strictest confidence and will be destroyed after the end of the event.

DECLARATION OF INDEMNITY

"Entrants and drivers must sign the following undertaking:

"I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent and agree to accept the risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence".

"I declare that to the best of my belief the Driver(s) possess (es) the standard of competence necessary for an event of the type to which the entry relates and the vehicle 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 vehicle hereby entered will be covered by insurance as required by the law which is valid for such part of the event as shall take place on roads as defined by the law".

"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 any normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration issued a licence which permits me to do so".

"I undertake that at the time of the event to which this entry relates to I shall have passed or am exempt from an ASN specified medical examination within the specified period, if required.

I agree to maintain in good condition any perpetual trophies won by me, and return them to the Secretary Rathfriland Motor Club when requested to do so.

If I am the Parent/Guardian/Guarantor of the driver 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA'

As the Parent/Guardian/Guarantor: 'I confirm I have acquainted myself with the MSA General Regulations, and agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Section Z.

Note: Where Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

I declare that the information given on this entry form is a correct statement of facts as verified by me.

| | | | | | |
|---|--|-------------------|--|-------|--|
| Signature of Entrant: | | Age (if under 18) | | Date: | |
| Signature of Driver: | | Age (if under 18) | | Date: | |
| **Signature of parent/guardian if applicable**: | | | | Date: | |

****If any of the above is under 18 year of age, the above signature must be countersigned by a parent or guardian. ****

Completed and signed Entry Form + Correct Fee should be sent to:

TOM BROWN
107 BURREN ROAD,
DROMARA,
CO. DOWN.
BT25 2AJ.

T: (028) 9753 3282 M: 077 9971 1681 E: tombrown01@tiscali.co.uk

Final closing date for entries is Wednesday 25th August 2010.

OFFICE USE ONLY.

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| DATE ENTRY RECEIVED: ENTRY REF No.: |
| PAYMENT RECEIVED: PAYMENT DUE: |