

2013 Registration Form



CARRYDUFF FORKLIFT MSA ANICC NI STAGE RALLY CHAMPIONSHIP

COMPETITOR DETAILS	*DRIVER / *CO DRIVER *Delete as applicable
NAME	
POSTAL ADDRESS	_____ _____ _____
COUNTY	
POSTCODE	
CONTACT TEL NUMBER	
EMAIL ADDRESS	Supply of a contact email address will ensure regular Championship updates & information

Please circle Championship class entered:

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11.

I AGREE TO BE BOUND BY THE REGULATIONS OF THE 2013 CARRYDUFF FORKLIFT MSA ANICC NI STAGE RALLY CHAMPIONSHIP AND CONFIRM THAT I WILL FAMILIARISE MYSELF WITH THE SAME REGULATIONS.

SIGNED DATE.....

PLEASE FORWARD TO THE ON-EVENT CHAMPIONSHIP REPRESENTATIVE OR POST TO:

David Gilmore, 10 Parknasilla Crescent, Aghagallon, Craigavon, BT67 0AN.

DATA PROTECTION ACT. Prospective competitors are advised that information on this form will be held and used solely for the administration and promotion of motor sport events governed by the MSA and will be managed in conformity with the Data Protection Act.

