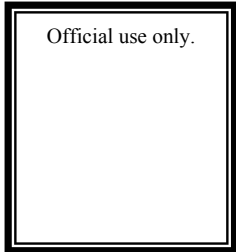




**RATHFRILAND MOTOR CLUB
SPELGA PASS HILLCLIMB.
ENTRY FORM**
(PLEASE COMPLETE IN BLOCK CAPITALS)



SATURDAY 22nd APRIL 2006

| | |
|--|--------------------------|
| ENTRANT..... | Entrants Comp LicNo..... |
| DRIVER | RMC M'ship No..... |
| ADDRESS..... | Comp Lic No..... |
| | E-mail..... |
| | Tel No. |
| | Mobile No..... |
| POST CODE | |
| CAR MAKE..... MODEL..... | Cubic cap..... |
| Valves per cylinder (2/4)..... | |
| ANICC allocated car Number (if applicable)..... | |
| Class Entered (Circle class below) | |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 14. 15. | |
| IF YOU ARE PART OF A DUAL ENTRY, PLEASE SUPPLY THE NAME OF THE PERSON SHARING THE CAR WITH YOU. | |

Emergency Contact Details

IMPORTANT! Please enter Name/Phone no's of person to be informed in case of serious accident:-

Contact name: -.....

Phone No:-..... Mobile No:-.....

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 Doctor, in case of accident, prior to the event. E.g. allergies to certain drugs; asthmatic etc. This will be destroyed after the end of the event.

FEES AND DECLARATIONS.

I enclose fees as follows:

| | <u>Sterling.</u> | | <u>Euro.</u> | |
|----------------------|------------------|-------|--------------|-------|
| ENTRY FEE. | £60 | | € 90 | |
| 2006 CLUB MEMBERSHIP | £10 | | € 15 | |
| | TOTAL | | TOTAL | |

Cheques should be crossed and made payable to **Rathfriland Motor Club Ltd.** Do not send cash in the post!

Secretary of the meeting to whom all entries should be sent is:
Rathfriland Motor Club Ltd, Spelga Pass Hillclimb 2006, 9 Montague Park, Tandragee.
Co. Armagh. BT62 2NU.
 Tel.077 5384 6734 Fax. 028 4065 0379. info@rathfrilandmotorclub.com
www.rathfrilandmotorclub.com

INDEMNITIES, DECLARATION AND UNDERTAKINGS BY ENTRANTS AND DRIVERS.

"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".
 MY AGE IS _____ (IF UNDER 18 YEARS OLD)

"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.

I agree to have any information included in this entry form used for publicity purposes and will be held a Rathfriland Motor Club Ltd. database.

Entrant's Signature..... Date.....

Driver's Signature..... Date.....

If any of the above are under 18, a Parent or Guardian must sign below
THIS ENTRY IS MADE WITH MY CONSENT

Name of Parent/Guardian.....Signature.....

Address.....

