

**NORTH ARMAGH MOTOR CLUB LTD
and
ARMAGH LIONS CLUB
in association with
MG CAR CLUB LTD (ULSTER)**

OFFICIAL USE

**BURKES OF CORNASCRIBE
Loughgall Festival of Motorsport
APPLE BLOSSOM CLASSIC AUTOTEST**

Saturday 19 May 2012

ENTRY FORM

COMPETITOR DETAILS:- ** PLEASE USE BLOCK CAPITALS WHEN FILLING IN THIS FORM **

SURNAME	
FIRST NAME	
ADDRESS	
POST CODE	
TEL. NO.	
MOBILE NO.	
COMP. LICENCE NO.	
E-MAIL ADDRESS	

CAR DETAILS

MAKE	MODEL	C.C.	Date of 1st Registration	REG No.	CLASS ENTERED

ENTRY FEE - The necessary entry fee of **£20.00** must be enclosed.

METHOD OF PAYMENT – CHEQUE / BANK DRAFT / POSTAL ORDER / CASH

Please make cheques payable to: NAMC

UNDERSTANDINGS, DECLARATIONS & UNDERTAKINGS BY ENTRANTS, DRIVERS & PASSENGERS

- (a) I declare that I have been given the opportunity to read the General Regulations of the Motor Sport 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 am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that 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 any loss or injury caused through their negligence.
- (b) My age is (if applicable state "Over 18 years").
- (c) 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 my 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.
- (d) I agree to maintain in good condition any Perpetual Trophies won by me, and to return them to the **Hon. Secretary N.A.M C. Limited** when requested to do so.

Driver's Signature (Age if under 18) Date

If any competitor is under 18 years of age this form must be countersigned below by an appropriate parent or guardian.

Full Name
Tel. No
Relationship
Signature

NEXT OF KIN

In case of accident please contact:

NAME	
ADDRESS	
TELEPHONE	
RELATION	