



Arnold Clark

Organised by
Highland Car Club Ltd

Comp. No
/
Ref No

Saturday, 14th February 2009

Held Under the General Regulations of the Motor Sports Association Ltd (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations for this event.

ENTRY FORM - Please use BLOCK CAPITALS

Competitor's Details

Driver's Name:	2009 Comp. Lic. No:
Address:	Car Club:
Address:	Tel:
Postcode: DOB	Mobile:
e-mail address	Please indicate if you have a medical condition, disability or are on anti-coagulant therapy YES / NO

Person to be contacted in case of serious accident:

Next of Kin- Name:	Will they be attending the event? YES / NO
Address:	Emergency Tel No:
.....	Relationship:

Co-Driver's Name:

Address:	2009 Comp. Lic. No:
Address:	Car Club:
Postcode: DOB	Tel:
e-mail address	Mobile:
	Please indicate if you have a medical condition, disability or are on anti-coagulant therapy YES / NO

Person to be contacted in case of serious accident:

Next of Kin- Name:	Will they be attending the event? YES / NO
Address:	Emergency Tel No:
.....	Relationship:

Entrant's Name:

Address:	2008 Comp. Lic. No:
.....	Postcode:

SIGNATURES:

DRIVER: **CO-DRIVER:** **ENTRANT**

INDEMNITIES: All necessary indemnities will be included at Signing On, for signature by competitors as required by the MSA General Regulation A38.

Please send all correspondence to: **DRIVER** **CO-DRIVER** **ENTRANT** If no box is ticked all correspondence will be sent to the Driver.

Please send all correspondence by: **E-MAIL** **ROYAL MAIL**

Please tick box if you require the Road Book sent to you prior to the event

If a Driver or Co-driver is under 18 years of age, this form must be countersigned by an appropriate parent or guardian

Full Name:	Signature:
Address:	
Tel No.:	Relationship to Driver :
Full Name:	Signature:
Address:	
Tel No.:	Relationship to Co- Driver :

