

**ENTRY FORM - Please use BLOCK CAPITALS**

**Competitor's Details**

**Driver's Name:** \_\_\_\_\_ 2017 Comp. Lic. No: \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Car Club:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
**Postcode:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**e-mail address** \_\_\_\_\_ Please tick box to 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 even? YES**  **NO**   
**Address:** \_\_\_\_\_ **Emergency Tel No:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Co-Driver's Name:**

2017 Comp. Lic. No: \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Car Club:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
**Postcode:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**e-mail address** \_\_\_\_\_ Please tick box to 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:**

2017 Comp. Lic. No: \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**SIGNATURES:**

**DRIVER:** \_\_\_\_\_ **CO-DRIVER:** \_\_\_\_\_ **ENTRANT** \_\_\_\_\_

**INDEMNITIES:** All necessary indemnities will be included at Documentation, for signature by competitors as required by the MSA General Regulation D13.

Please send all correspondence by email to: **DRIVER**  **CO-DRIVER**  **ENTRANT**

*Please ensure we have an up-to-date email address.*

If no box is crossed all correspondence will be sent to Driver!

Please provide a mobile number to receive start time or other text messages during 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:** \_\_\_\_\_

**CAR DETAILS:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ 8 valves  16 valves  2wd  4 wd   
 Capacity (cc): \_\_\_\_\_ Registration No: \_\_\_\_\_  
 Class Entered: \_\_\_\_\_ Colour: \_\_\_\_\_ Turbo YES  NO

**SERVICE & MANAGEMENT VEHICLE DETAILS:**

Type Of Plate \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Reg. No: \_\_\_\_\_ Type Of Body: (Van / Car) \_\_\_\_\_ Colour: \_\_\_\_\_ Not Using please X  
 Service: \_\_\_\_\_   
 Management \_\_\_\_\_

**SEEDING INFORMATION:**

Please enter below details of the drivers best five results on **forest** stage rallies to help with seeding. **The authenticity of the information given may be checked and anyone giving false information will be seeded at the back of the field.** Additional information may be submitted on separate sheets.

PLEASE TICK BOX IF DRIVER IS FIRST TIME ENTRANT ON THIS EVENT  PLEASE TICK BOX IF DRIVER'S FIRST STAGE RALLY

| EVENT | STATUS | YEAR | START NO | POSITION OVERALL | COMMENTS (IF ANY) |
|-------|--------|------|----------|------------------|-------------------|
|       |        |      |          |                  |                   |
|       |        |      |          |                  |                   |
|       |        |      |          |                  |                   |
|       |        |      |          |                  |                   |

**INSURANCE: Please read Article 21 in Supplementary Regulations, BEFORE completing this section**

Will you require REIS Motorsport Insurance @ £19.00 YES  NO

If using your **own** insurance please state: **(Not Broker's name, state Insurance Company & Address)**

Name of Company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Company Address: \_\_\_\_\_

**REMITTANCES: All Cheques should be made payable to HIGHLAND CAR CLUB LTD.**

|  |                |   |
|--|----------------|---|
| Rally Entry Fee  | <b>£535.00</b> | £ |
| .Marshals' Donation included in entry fee – but feel free to give more !       |                | £ |
| REIS Road Traffic Act Insurance (before any Loading)                           | <b>£19.00</b>  | £ |
| Surcharge: If entry sent/received after 12:00 on 4 <sup>th</sup> February 2017 | <b>£50.00</b>  | £ |
|  | <b>TOTAL:</b>  | £ |

Credit Card Number: \_\_\_\_\_ Valid From: \_\_\_\_\_ Expires: \_\_\_\_\_

Visa / Mastercard / Visa Debit / Maestro / Other (please state): \_\_\_\_\_

**Please remember to include the 3 digit security number from back of card:**

(for security reasons this can be provided by telephone if you prefer)

Card Holder's Full Name: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_  
(including **postcode**)

Card Holder's Signature: \_\_\_\_\_

**Transaction will show on your statement as John M Munro Butchers**

**ENTRIES CLOSE FOR FORMAL SEEDING AND WITHOUT SURCHARGE AT 12:00 ON 4TH FEBRUARY, 2017**