

Comp No.

# Circuit of Ireland International Rally

3/4 April 2010

## ENTRY FORM

Organised by the Ulster Automobile Club Ltd.  
Held under the International Sporting Code of the FIA,  
the General Regulations of the Motor Sports Association  
the FIA General Prescriptions  
and the Supplementary Regulations as published.

**Closing date for entries 22.00 hrs Thursday 18<sup>th</sup> March 2010**

**For Foreign Entries.**  
Stamp of National Club  
Timbre de l'A.N.C.

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\* or letter from the entrant's ASN  
authorising and approving the  
entry.

**Completed and signed Entry Pack + Fee must be received before 16.00 hrs on Thursday 18<sup>th</sup> March 2010**

**Send to - Circuit of Ireland 2010, 9 Montague Park, Tandragee, Co Armagh, NI. BT62 2NU**



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**COMPETITOR DETAILS**

**PLEASE USE BLOCK CAPITALS**

	Entrant	Driver	Co Driver
Team Name:			
FIA/Nat. Seeding			
First Name:			
Surname:			
Nationality:			
Date of Birth:			
Address line 1:			
Address line 2:			
Town:			
Post Code:			
Country:			
E Mail Address:			
Telephone No. – Day:			
Telephone No. – Evening:			
Mobile Telephone No:			
Competition License No:			
Issuing ASN:			
Driving Licence No.:			
Country of Issue:			
Send all correspondence to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send all refunds to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start/Restart times SMS to:		<input type="checkbox"/>	<input type="checkbox"/>
Next of Kin Name:			
Relationship:			
Next of Kin Address:			
Next of Kin Telephone Number During Rally:			

**A photocopy of the Entrant's licence must be submitted with this form if the Entrant is other than the Driver or Co Driver**

**For Official Use Only**

Received	Amount	Shakedown	Insurance	Plates		Complete

**VEHICLE DETAILS**

Make:		Model:	
Year of Manufacture:		Cubic Capacity:	cc
Number of Valves:		Turbo fitted:	<b>Yes / No</b>
Registration Number:		FIA Homologation Number:	
Country of Registration:		Group and Class entered:	

**ROAD TRAFFIC INSURANCE**

I will require cover under the Richard Egger Road Traffic Scheme. If you have an Insurance Loading state %  %

I will be using my own insurance policy as follows:

Name of Insurers:	
Address:	
Policy Number:	

**SERVICE PARK VEHICLE DETAILS**

These details must be completed. Only vehicles registered with the Organisers will be permitted access to the Service Park.

Pack	Vehicle Make	Vehicle Model	Vehicle Colour	Registration No.	Name of Driver
Service					
Management					
Motorhome					

**SHARED SERVICE**

If you are sharing service facilities, please give the name of the other Driver/Team: \_\_\_\_\_

**RECONNAISSANCE** (Tick any 2 boxes)

Saturday 27 March  Sunday 28 March  Thursday 1 April  Friday 2 April

**SCRUTINEERING** will be held on Friday 2 April between 2pm and 8pm. Times will be allocated on a first come first served basis.

Circle preferred Scrutiny Time:	<b>2pm-3pm.</b> 3pm-4pm. <b>4pm-5pm.</b> 5pm-6pm. <b>6pm-7pm.</b> 7pm-8pm
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**SEEDING INFORMATION** – (Driver information in a similar car)

FIA 'A' Priority Driver  FIA 'B' Priority Driver

Please list the 5 best results of the First Driver on tarmac during the last 3 years. If no results write 'NO RESULTS'

YEAR	EVENT	OVERALL POSITION	CLASS POSITION

**ROAD BOOKS TO BE** Collected  Posted

**ENTRY FEE & SERVICE PLATES**

SERVICE PLATE APPLICATION	QUANTITY	COST EACH	TOTAL
Service		£	
Management		£ 50.00 (€58)	
Motorhome		£ 100.00 (€115)	
<b>SERVICE PLATE TOTAL</b>			

ENTRY FEES			
Entry Fee		£ 750.00 (€865)	
Richard Egger Road Traffic Scheme Insurance (If required)		£ 45.00 (€52)	
<i>Richard Egger Road Traffic Scheme Insurance % Loading (If applicable)</i>		£	
<b>ENTRY FEE TOTAL</b>			
<b>SUB TOTAL ENTRY FEE + SERVICE PLATES</b>			
<b>Credit Card Charge - 4% of Sub Total -</b>			
<b>Debit Card Charge - 2% of Sub Total</b>			
<b>TOTAL AMOUNT PAYABLE:</b>			

**PAYMENT METHOD**

Cheque  Bank Transfer  Credit Card  Debit Card

- Cheques should be made payable to Ulster Automobile Club Ltd.
- All bank charges must be paid by the sender.  
You must enclose a copy of the transfer confirmation with this form.  
Our bank account details are as follows:

Bank Name	Northern Bank	Account Name:	U.A.C.C.O.I.
Bank Address	Bloomfield Shopping Centre South Circular Road Bangor Co Down, BT19 7HB	Sort Code:	95-02-51
		Account No.:	90048739
		Swift Code:	DABAGB2B
		IBAN:	GB69DABA95025190048739

Please complete the section below if paying by credit or debit card (Payment will be in sterling)

I authorise you to debit my account with the amount of		£	and agree to the appropriate card charge												
Card Number:															
Issue Number:		Start Date:*			End Date:		Security No:**								
Name as shown on Card:						Signature:									
Card Billing Address:															
For official use only:															

\* Start date for Maestro Cards only

\*\* Security No. is the last 3 digits on the reverse of the card

**DECLARATION OF INDEMNITY**

By the very fact of signing the entry form, the entrant, as well as the crew members submit themselves to the sporting jurisdictions specified in the International Sporting Code of the FIA and accept unreservedly these regulations, the General Regulations of the Motor Sports Association (MSA).

**Entrants and drivers must to sign the following undertaking:**

'I declare that 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 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 loss or injury caused through their negligence.

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 this event as shall take place on roads as defined by the law.

**If I am the Parent/Guardian/Guarantor of the driver** 'I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA'

**As the Parent/Guardian/Guarantor:** 'I confirm I have acquainted myself with the MSA General Regulations, and agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in the 2010 MSA Yearbook.

**Note:** Where Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

**I declare that the information given on this entry form is a correct statement of facts as verified by me.**

Signature of Entrant:		Age (if under 18)		Date:	
Signature of Driver:		Age (if under 18)		Date:	
Signature of Co-Driver:		Age (if under 18)		Date:	

**If any of the above is under 18 year of age, the above signature must be countersigned by a parent or guardian.**

**AWARDS & PRIZES – (Please tick each trophy for which you are eligible, failure to do so may entail forfeiture of that award)**

- H.A Bryson Trophy       The Ulster Automobile Club Trophy       Castlereagh 1996 Trophy
- Oonagh Reid Trophy       Swedish Drivers Trophy       Ladies Award
- Group N category

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**DATA PROTECTION ACT.** Prospective entrants and competitors are advised that information on this form will be held on computer and used solely for administration and the production of entry lists and mailing of event related information in conformity with the Data Protection Act.

Received	Acknowledged	Form Complete	Media Form	Payment	Ref. No.
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