Caledonian Classic & Historic Motor Sport Club Ltd

Red Hackle Tour 4 May 2025

ENTRY FORM

Driver				Navigator				
Name					Name			
Address					Address			
Postcode					Postcode			
Telephone					Telephone			
Mobile					Mobile			
Tiobile					1 lobile			
E-mail					E-mail			
Age < 18					Age < 18			
					on page 2. Entra	ints under 18	years require	e a
Parent or Guardian to sign the Declara Driver's next of kin			Navigator's next of kin					
Name					Name			
Address					Address			
Addiess					Addiess			
Postcode					Postcode			
Telephone					Telephone			
Mobile					Mobile			
Vehicle details								
Make/model					Engine size			
Year					Reg. No			
Club membership) :							
Driver	nombor	of CCUN	4CC 1+42	VEC/NC	Navigator	26 mambar of C	CHWCC 1+43	VEC/NO
Are you a 2025/26 r f another MSUK Re				YES/NC	Are you a 2025/ If another MSUK			YES/NO
Club Name [giotoro]	Mem No		Club Name [registered of] Mem No	
- Daniel C	Nata -				Signing Or all lives			
intry Payments - (-			_	424751
Red Hackle Tour entr Membership (£ 5 each		r Car	£ 50 £	- LDIrec	t Bank Transfer: So	rt Code 80-73-3	1 Account 002	424/5]
otal Payment Enc	osed		£					
				Pac	ge 1 of 2		Iss	ue 1

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Declaration

I declare that I have been given the opportunity to read the General Regulations of Motorsport UK and if any, the Supplementary Regulations to 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 the risk. I understand that all persons having any connection with the promotion and/or organisation 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 law which is valid for such part of this event as shall take place on roads as defined by law.

I understand that should I at any time of the 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 a declaration issued a licence which permits me to do so.

I confirm that I have read and agree to the terms of the Declaration									
Signature of driver		Age if <18	Date						
Signature of navigator		Age if <18	Date						
Consent of Parent or Guardian if Driver and/or Navigator are under 18 years of age.									
Parent/Guardian of Driv	ver	Parent/Guardian of Navigator							
Name		Name							
Address		Address							
Relationship		Relationship							
Phone		Phone							
Signature		Signature							

Return Completed Forms to:-

Jim Paterson 254 Rullion Road, Penicuik EH26 9JL

You can email a scan or photo (both sides) to jim.paterson@btinternet.com
Payment may be made by cheque OR Direct Bank Transfer
Sort Code 80-73-31 Account 00242475

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