

# MSA ANICC MCGRADY INSURANCE NI Stage Rally Championship Registration Form 2015

<b>COMPETITOR DETAILS</b>	<b>*DRIVER / *CO DRIVER</b> *Delete as applicable
<b>NAME</b>	
<b>POSTAL ADDRESS</b>	
<b>COUNTY</b>	
<b>POSTCODE</b>	
<b>CONTACT TEL NUMBER</b>	
<b>EMAIL ADDRESS</b> please write clearly	
<b>MSA or MI LICENCE</b> Number	
<b>JUNIOR DRIVER TROPHY</b> Under 23 years of age?	YES/NO ENTER DATE OF BIRTH IF APPLICABLE (after 1 <sup>st</sup> Jan 1993)
<b>Carryduff R2 Wales?</b>	YES/NO see NIRC Bulletin 1 2015 for terms.

Please circle Championship class entered:

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11.

**I AGREE TO BE BOUND BY THE REGULATIONS OF THE 2015 MSA ANICC NI STAGE RALLY CHAMPIONSHIP AND CONFIRM THAT I WILL FAMILIARISE MYSELF WITH THE SAME REGULATIONS.**

**Signed:** ..... **DATE**.....

**PLEASE E-MAIL COMPLETED FORM AS AN ATTACHMENT TO**

[bobmckeown@gmail.com](mailto:bobmckeown@gmail.com) or post to:

**CO-ORDINATOR: BOB MCKEOWN, 22 ANNAGHONE ROAD, STEWARTSTOWN, Co. TYRONE, BT71 5PH**

*DATA PROTECTION ACT. Prospective competitors are advised that information on this form will be held and used solely for the administration and promotion of motor sport events governed by the MSA and will be managed in conformity with the Data Protection Act.*