



2012 ENTRY FORM

PLEASE COMPLETE IN BLOCK CAPITALS

For Official Use

Comp No.



	Entrant	First Driver	Co Driver
Team Name:			
Sponsor Name: (max 20 characters) <small>This will be published in the programme and used for commentary purposes</small>			
Surname:			
First Name:			
Date of Birth:			
Nationality (as Passport):			
Postal Address:			
Town:			
Post Code:			
Country:			
Send all correspondence to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone No. (Day):			
Telephone No. (Evening):			
Telephone No. (Mobile):			
Start/Restart times SMS to:		<input type="checkbox"/>	<input type="checkbox"/>
E Mail Address:			
Competition License No:			
Issuing ASN:			
Driving Licence No.:			
Country of Issue:			
Next of Kin Name:			
Relationship:			
Next of Kin Address:			
Next of Kin Telephone No:			

CAR DETAILS

Make:		Registration Number:	
Model:		Cubic Capacity - CC:	
Year of Manufacture:		Chassis Number:	
Group / Class:		Engine Number:	
Homologation Number:		Predominant Colour:	
Country of Registration:		Technical Passport No. or MSA Log Book No.	

TYPE OF ENTRY (please tick)

Manufacturer/Other/Legal/Priority: ☐ Amateur/Private: ☐
INTERNATIONAL RALLY

National: ☐
NATIONAL RALLY

I Accept The Organisers Proposed Advertising: ☐

ROAD TRAFFIC INSURANCE (Supplementary Regulations Article 5.3)
☐ I will be using my own insurance policy as follows:

Name of Insurers:	
Address:	
Policy Number:	

☐ I wish to use the REIS Road Traffic Scheme Insurance. State loading (if applicable) _____ %
ASN AUTHORISATION FOR FOREIGN ENTRIES

- ☐ I enclose a letter of authorisation from my ASN for both drivers and the entrant (if applicable)
- ☐ Entrant and drivers' competition licences include permanent authorisations (please enclose copies of the licences)
- ☐ I enclose an authorisation stamp from my ASN

ASN Stamp

ENTRY FEEEntry fees **including** the advertising proposed by the Organisers (per car):

- | | | |
|---|-------------|--------------|
| <input type="checkbox"/> International - Manufacturer/Other/Legal/Priority: | £1850 + VAT | £2220 |
| <input type="checkbox"/> International - Amateur/Private: | £825 + VAT | £990 |
| <input type="checkbox"/> National: | £595 + VAT | £714 |

Entry fees **without** the advertising proposed by the Organisers (per car):

- | | | |
|---|-------------|--------------|
| <input type="checkbox"/> International - Manufacturer/Other/Legal/Priority: | £3700 + VAT | £4440 |
| <input type="checkbox"/> International - Amateur/Private: | £1650 + VAT | £1980 |
| <input type="checkbox"/> National: | £1190 + VAT | £1428 |

☐ Optional REIS Road Traffic Scheme Insurance (**International**) £60 + any loading (if applicable)

☐ Optional REIS Road Traffic Scheme Insurance (**National**) £30 + any loading (if applicable)

☐ Shakedown Stage (Additional for National Competitors) £200 + VAT **£220**
SUB TOTAL**For Credit Card Payments add 4% or for Debit Card Payments add 2.5% of Sub Total****TOTAL AMOUNT PAYABLE**

£

£

£

£

£

£

£

£

I wish to pay by (pleased tick)

- ☐ Cheque Cheques should be made payable to Circuit of Ireland Management Ltd.
- ☐ Debit Card Please complete the section below. (A 2.5% processing fee will be added to all debit card payments)
- ☐ Credit Card Please complete the section below. (A 4% processing fee will be added to all credit card payments)
- ☐ Bank Transfer All bank charges must be paid by the sender. **Please enclose a copy of the transfer confirmation with this form.**

Bank Name: **First Trust Bank** Bank Address: **31-35 High St. Belfast, BT1 2AL** Account Name: **Circuit of Ireland Management Ltd.**
 Sort Code: **93-80-92** Account No: **14222020** Swift Code: **FTBKGB2B** IBAN: **GB73FTBK93809214222020**

☐ Tick if you require a VAT receipt

I wish to pay by Visa/Delta/Eurocard/Mastercard/Maestro: I authorise you to debit my account with the amount of £

Card No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Security Code: Last 3 digits on back of card

--	--	--

Issue Number
Maestro/Switch only

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Start Date:
(If shown)

--	--	--	--

Expiry
Date:

--	--	--	--

Name (as on card)

Cardholder's Address:

..... Postcode:

Signature: Telephone:

DECLARATION

I declare that all the particulars on this form are accurate to the best of my knowledge and belief and that the use of the vehicle hereby entered will be covered by insurance as required by the law which is valid for such parts of the event that shall take place on the roads as defined by the law. I have read the 2012 FIA Regional Rally Championships Sporting Regulations (RRCSR) and the Supplementary Regulations for this event and agree to be bound by them.

Signature of Entrant:		Age (if under 18)		Date:	
Signature of First 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.

CLOSING DATE FOR ENTRIES

The Closing Date For Entries Is Monday 19th March 2012 At 12 Noon

PLEASE SEND YOUR ENTRY, SEEDING AND PUBLICITY FORM TO

CIRCUIT OF IRELAND RALLY ENTRIES

TOM BROWN • 107 BURREN ROAD • DROMARA • CO DOWN • BT25 2AJ • NORTHERN IRELAND • UK

TEL: +44 (0) 7888 038861 • FAX: +44 (0) 28 9080 8809 • EMAIL: ENTRIES@CIRCUITOFIRELAND.NET

CIRCUIT OF IRELAND Management Ltd
VAT NO: GB 126 8760 92 • COMPANY NO: NI610605

DATA PROTECTION ACT. 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.

For Official Use Only

Date Received	Amount Received	Amount Owing	Refund Amount	Insurance %	Seeding Form	Publicity Form



2012 SEEDING FORM

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Name of First Driver:

Car:

FIA PRIORITY SEEDING

☐ FIA Priority A

☐ FIA Priority B

PREVIOUS FIA SEED

☐ FIA Priority A Year

☐ FIA Priority B Year

NATIONAL CHAMPIONSHIP WINNER?

Championship:

Year:

PREVIOUS RESULTS GAINED BY FIRST DRIVER SINCE 2009. If no results write 'NO RESULTS'

	Year	Event	Car	Group	Overall Position	Class Position	No of Finishers
International							
National							
Other							

I declare the above information is true and accurate.

Signature of Entrant / First Driver: Date:

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2012 PUBLICITY FORM

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THIS INFORMATION WILL BE USED FOR PRE-EVENT PUBLICITY, THE OFFICIAL PROGRAMME AND BY THE COMMENTARY TEAM, SO PLEASE FILL IN ALL DETAILS CLEARLY

	FIRST DRIVER			CO-DRIVER		
Full Name						
Place and Date of Birth / / / /		
Nationality						
Occupation						
Married	YES / NO			YES / NO		
Home Town						
Is this your first Circuit of Ireland Rally?	YES / NO			YES / NO		
If not, in which year did you first compete and how many times have you started since then?	Year	Times		Year	Times	
List, in year order, your previous Circuit of Ireland Rally overall and class results	Year	Overall	Class	Year	Overall	Class
How many years rallying?						
2011 championships contended and/or other notable rally results						
Do you have a website?						
What is your motorsport or personal 'claim to fame'?						
Any comments that may be of interest to the commentary team?						

CAR INFORMATION

Make	Model	Class	Year	CC
Car history / points of interest:				
Car prepared by:		Sponsors:		

DATA PROTECTION ACT. The information on this form may be stored on a computer and names, contact details and entry information May be published or released to other parties solely to be used for Circuit of Ireland Rally publicity/PR

FOR OFFICIAL USE

Start	Ref
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