



THE 24 HOUR RELIABILITY TRIAL  
ENTRY FORM 2009  
**THIS FORM IS A LEGAL DOCUMENT  
AND MUST BE COMPLETED FULLY**

Bike No.

Payment

**RIDER DETAILS**

Riders Name (Block Letters) \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_ Club \_\_\_\_\_

M.A Licence No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ Drivers Licence No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you have Ambulance Cover? YES / NO Policy/Membership No. \_\_\_\_\_

Do you have any medical conditions? (ie Asthma, Diabetes etc) YES / NO

If YES please provide details \_\_\_\_\_

**RIDER EMERGENCY DETAILS**

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Residential Address \_\_\_\_\_ Post Code \_\_\_\_\_

**PASSENGER DETAILS**

Passenger Name (Block Letters) \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email Address \_\_\_\_\_ Club \_\_\_\_\_

M.A Licence No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ Drivers Licence No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you have Ambulance Cover? YES / NO Policy/Membership No. \_\_\_\_\_

Do you have any medical conditions? (ie Asthma, Diabetes etc) YES / NO

If YES please provide details \_\_\_\_\_

**PASSENGER EMERGENCY DETAILS**

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Residential Address \_\_\_\_\_ Post Code \_\_\_\_\_

**BIKE DETAILS**

Make of Machine \_\_\_\_\_ Mode \_\_\_\_\_ Capacity \_\_\_\_\_

Registration Number \_\_\_\_\_ Year \_\_\_\_\_

Class (please circle the appropriate class) Solo A B C D E

Sidecar F G H I

Rally Solo (Laps 1 & 4) J

Rally Sidecar (Laps 1 & 4) K

Rally Only – One Event Licence (Rider) YES / NO Licence No. \_\_\_\_\_

Rally Only – One Event Licence (Passenger) YES / NO Licence No. \_\_\_\_\_

All Cheques/money orders made payable to '24 HOUR TRIAL ORGANISING COMMITTEE'

A stamped self address business size envelope must be provided also

RIDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PASSENGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_