

Entrant licence No:

Applied for / Not accepted

ARMOY MOTORCYCLE ROAD RACING (AMRRC) LIMITED ARMOY OPEN (Non Championship) ROAD RACE FRIDAY 26TH JULY and SATURDAY 27th JULY 2024

RACING NUMBER:

2024 ENTRY FORM - Return completed forms to:

Entry Fee Enclosed - £

Competition Secretaries Glenn Sayers & Sianeen Sayers

38 Valley Road email: racesec@amrrc.com
Ballymena BT42 2LX Tel: 078 0071 4010

PERMIT No: RR0702/24 This is a NON CHAMPIONSHIP EVENT

Held under the General Competition rules and standing Regulations of the MCUI (Ulster Centre) Ltd.

All Classes - £90.00 Stg. (€110 Euro) each OR £270.00 Stg.(€330 Euro) for 3 or more races

Entry Fees Include - Riders Levy and Benevolent (U.C. Licence holders only) and First Aid Levy for all Entrants. *Cheques payable to:* Armoy Motorcycle Road Racing Club Limited (or AMRRC Ltd)

IMPORTANT NOTES: Each Entry to be valid must,

Be received by the promoters no later than 12 Noon - Monday 24th June 2024 Be accompanied by the requisite Entrance Fee (minimum £20 non-refundable deposit per race class entered) NOTE: Entries will not be accepted on Race Day. NO ENTRIES ACCEPTED WITHOUT PAYMENT The return of this Form, properly completed, with fee etc to the promoters does not indicate final acceptance of the Entry by the promoters. There is no onus on the promoters to return an imperfectly completed form for amendment. Rider Details (PLEASE PRINT) NAME: Address (In full):_____ _______DOB:_____/____/19 ______ Postcode: ______ Nationality: ____ Email address: Licence No: _____ Governing Body: _ Blood Group: (If MCUI please indicate if SC or UC) ACU. SACU and other non MCUI competitors must be able to produce start permission that incudes insurance and a medical certificate on or prior to arrival at this event Year Started Road Racing: _____ How many years' experience at Armoy Races: _____ Are you a member of Armoy Motorcycle Road Racing Club? NEWCOMER (special awards for club members of one full year). Please tick if yes to ARMOY? (tick box if yes) **** The Newcomers bus will leave from the DUMMY GRID (Paddock Lane) on THURSDAY EVENING at 7.30pm sharp Next of Kin Name (Please print) Relationship: Address of your next of kin: ____ Area code: Postcode: _____ Daytime Telephone No:____ Saturday In paddock? Vehicle reg: Location on Event Dates: Friday Team member contact details at Event Name of Team contact: Mobile Number: Team Entrant Details (PLEASE PRINT) ______ Address (In full): ______ Name:

Health and Safety at work Information: The following information is required in order that the organisers can make provision for securing the health, safety and welfare for persons at work at this sporting event and for protecting others against risks to health or safety in connection with the activities of persons at work, as required under the health and Safety at work (NI) Order 1978.

_____ Governing Body by whom issued: ____

Select one of the following employment categories which may apply to you in relation to your participation in this event

- ☐ Employee someone working under a contract of employment. ie subject to the authority and instruction of the employer.
- Non-employed a person engaging in sport as a past-time/ for pleasure rather than for financial benefit or professional reasons.
- □ Self Employed person who works for gain or reward otherwise than under a contract of employment, whether or not he him-self employs others.

Complete all details as you/your sponsor would wish them to appear in t Proposed Race Schedule - FRIDAY 26th July 2024	he Armoy rac	e programme	
(1) Supertwin Race inc Supermono 1			
Make /Model or Type	СС	Year	Transponder No:
(2) Supersport Next Generation Race 1			•
Make /Model or Type	CC	Year	Transponder No:
Proposed Race Schedule - SATURDAY 27th JULY 2024			
(3) Junior Support (including 250GP, lightweight Supersport & Supe	ertwins Series i	inc Supermono)	
Make /Model or Type	CC	Year	Transponder No:
(4) MOTO 3 – (GP 125cc) & SS300 and the LIGHTWEIG			
Make /Model or Type	СС	Year	Transponder No:
(4a) Lightweight Supersport Race (400 Supersport, MOTO 4	150, 250GP, CI	assic GP)	
Make /Model or Type	CC	Year	Transponder No:
(5) Supersport Next Generation Race 2			
Make /Model or Type	СС	Year	Transponder No:
(6) Pre73 Junior Classic (classes up to 250cc, 251cc -350cc only	')		
Make /Model or Type	CC	Year	Transponder No:
(7) Open Race (201cc – 1010cc)			
Make /Model or Type	CC	Year	Transponder No:
(8) Pre73 Senior Classic (classes 430 - 500cc & 501 – 1000cc or	ıly)		
Make /Model or Type (9) Supertwin Race inc Supermono 2	CC	Year	Transponder No:
., .		V	
Make /Model or Type (10) Classic Superbike and the Twinshock (up to 1984) rur	CC	Year	Transponder No:
	•	·	Transpander No:
Make /Model or Type (11) Senior Support Race (501–750cc Excluding Supertwins & \$	CC Supermono)	Year	Transponder No:
Make /Model or Type (12) Race of Legends Final	CC	Year	Transponder No:
Make /Model or Type	CC	Year	Transponder No:
No. of Races RIDING	CHECKI	LIST: HAVE YOU	ENCLOSED THE FOLLOWING?
Entered No:	-		Permission (if applicable) □
	Copy o	of Insurance (if a	pplicable) 🗆
MOTORSPORTS CAN BE DANGEROUS A	ND MAY INV	VOLVE IN ILIRY	OR DEATH
You MUST read and agree to the declaration and paragraphs below in return for you being allow	ow which are	designed to creat	
. I confirm that the information in this entry form and my acceptance of the terms of n	ny competition lic	sence are correct	
I confirm that I understand the nature of the competition I am entering and that I am Confirm that any vehicle I use will comply with the regulations and will be safe and	competent to tak	ke part.	
I will satisfy myself (by sighting lap or otherwise) before taking part that the venue prohibited to do so).			gard to its features and physical layout (unless
. I will NOT take part if I have any doubt about my ability or the safety of the venue.	o to take part at n	av awa riak	
. Before taking part in the event I will read and be bound by and comply with an			sued by the organiser, circuit owners and the
Governing Bodies. I will not participate whilst under the influence of alcohol or intoxicating drugs and the second seco	hat if I am taking	any prescribed medic	cation I will inform the event promoter and seek
approval to participate before taking part. I admit the right of the promoters to refuse any entry without assigning a reason.			
It is the responsibility of the competitor to present for scrutineering, machin the general competition rules of the MCUI. All helmets for use on the d			
competitor.		Dot	0.
Signature of Rider:			e:
Armoy Motorcycle Road Racing Club		OFFICE USE (UNLY
DATE ENTRY RECEIVED: Notes:			Riding Number:
Fee Received:£stg €Euro			
Cheque No: Cash			
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