

Motorsport Ireland



Junior Rally Series

Registration Form _____

Name: _____

Address: _____

Mobile Phone No: _____

Email: _____

Date of Birth: _____

Competition Licence No: _____

Please tick one of the following

J1000

☐

J1600

☐

Rally4/R2

☐

Rally5

☐

I confirm the information given above is correct in detail. I wish to participate in the above named Series and agree to adhere to the Series Regulations and to Media coverage involved with same.

SIGNED: _____ DATE: _____