DATE RECEIVED

34 DAWSON STREET
DUBLIN 2, D02 RF90
TEL.: 01-677 5628
FAX: 01-671 0793
INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

2023 TEAM PRINCIPAL REGISTRATION FORM

MI LICENCE NO.	
APPLICANT'S NAME	
DATE OF BIRTH	
ADDRESS	
TOWN	
COUNTY	
EIRCODE	
PHONE	
EMAIL	

TEAM NAME	
ADDRESS	
TOWN	
COUNTY	
EIRCODE	
PHONE	
EMAIL	

PLEASE NOTE:
A TEAM IS DEFINED AS ANY ORGANIZATION RUNNING MORE THAN 2 DRIVERS WHO ARE NOT THEIR CHILDREN. ONLY ONE TEAM PRINCIPAL PER TEAM IS ALLOWED. IF A TEAM REQUIRES THE REPLACEMENT OF THE EXISTING TEAM PRINCIPAL WITH ANOTHER THEN THEY MUST RETURN THE INITIAL LICENCE AND A NEW APPLICATION MUST BE SUBMITTED.

I / WE ENCLOSE AND AUTHORISE THE FOLLOWING REGISTRATION FEE TO BE CHARGED		
TEAM PRINCIPAL LICENCE	€60	

DECLARATION

In accordance with the FIA International Sporting Code and Articles 108 and 109 of the General Competition Rules of Motorsport Ireland, I/we hereby apply for registration/re-registration for the year 2023 on the Team Principals Register of Motorsport Ireland and I/we undertake, if registered, to submit to and be bound by the International Sporting Code of the FIA and the General Competition Rules and Regulations of Motorsport Ireland, the Irish Anti-Doping Rules and any regulations supplementary thereto as may be imposed from time to time by Motorsport Ireland. I/we have read and understood the terms of issue and am/are a permanent resident of the Republic of Ireland and/or I/we am/are an Irish National(s). I/we hereby agree to abide by the guidelines and regulations contained in Motorsport Ireland's General Code of Conduct, the Code of Conduct for Children's Sport and Motorsport Ireland's Social Media Policy. Expiry 31st December each year.

APPLICANT'S SIGNATURE	DATE

ONE IDENTIFICATION PHOTOGRAPH MUST BE SUPPLIED WITH THIS APPLICATION

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2023 PAYMENT FORM

SECTION 1: PERSONAL DETAILS

SURNAME																												
FIRST NAME																												
DATE OF BIRTH			-			-																						

MI LICENCE NUMBER					

SECTION 2: PAYMENT OPTIONS

CARD NUMBER																			EXPIRY					CVV		
				-					-					-							-						

EXACT NAME ON CARD:	

I authorise Motorsport Ireland to deduct the cost of any product / licence / service selected on this or any accompanying form or document which I have provided including all relevant and specified additional costs. Alternatively, I have provided the correct value in the form of cheque/cash/postal order and attached it to this form.	
SIGNATURE:	

IN ACCORDANCE WITH 2018 GDPR GUIDELINES, THIS PAGE WILL BE DESTROYED ONCE PAYMENT HAS BEEN COMPLETED.
ANY SUBSEQUENT CHARGES TO YOUR ACCOUNT WILL REQUIRE FURTHER AUTHORISATION.