



CLONES

CANALBALLRUN



APPLICATION FORM

Name of Team or Company : _____

Name of Team Captain (the driver): _____

Names of Pit Crew Members (if known)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Captains address: _____

Captains email address: _____ Phone number: _____

Captain signature: _____

I have read and understand and agree to comply with the rules and the specifications.

Description of Team/ Team Profile

(Please include in this section any interesting items on your team for commentary purposes e.g. Any interesting hobbies, sporting or personal achievements).

The organisers reserve the right to refuse admission at their discretion.
 No team will be allowed to start without payment of the admission fee along with this application form.
Cheques should be made payable to Clones Chamber of Commerce.
Return Application Forms to The Offices of FJD Surveyors Ltd.
 For more information Phone 047 52700 or email clonescanal@hotmail.com