

IRISH HARNESS RACING CLUB

Brookvale Farm, 53 Ballyreagh Road, Newtownards, Co Down, BT23 8RP

Tel No. 02891 816754 ~ Fax No. 02891 811358 ~ Email Address :

ihrc@hotmail.co.uk

APPLICATION FOR REGISTRATION AS A DRIVER

2009

UNDER THE RULES OF RACING

ALL QUESTIONS MUST BE ANSWERED IN FULL

TITLE : (MR, MRS, MISS, MS ETC) _____ **MALE/FEMALE**

SURNAME : _____ **MAIDEN NAME IF APPLICABLE**

FORENAME(S) _____

ADDRESS :

_____ **POST CODE**

Tel No. _____ **Mobile No.**

Email Address :

NATIONALITY _____ **DATE OF BIRTH** _____ **COLOUR OF EYES** _____

HAVE YOU ANY DEFICIENCY OF SIGHT OR HEARING? YES/NO

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE OTHER THAN A MOTORING OFFENCE? YES/NO

IF AN APPRENTICE LICENSE IS SOUGHT WHEN AND WHERE HAVE YOU OBTAINED DRIVING EXPERIENCE?

HAVE YOU EVER HELD AN IRISH HARNESS RACING CLUB LICENSE PREVIOUSLY? YES/NO - IF YES WHAT YEAR _____

HAS YOUR LICENCE EVER BEEN SUSPENDED, CANCELLED OR WITHDRAWN? YES/NO IF YES PLEASE GIVE DETAILS :-

I HEREBY DECLARE THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT IN EVERY DETAIL AND I AGREE TO BE BOUND BY THE RULES AND CONSTITUTION (A COPY OF WHICH I HAVE RECEIVED) OF THE IRISH HARNESS RACING CLUB.

SIGNED **DATE**

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FOR OFFICIAL USE ONLY

WE CERTIFY THAT IN OUR CONSIDERED OPINION

NAME : _____ **ADDRESS :**

IS SUFFICIENTLY COMPETENT TO BE GRANTED A CLASS _____ /APPRENTICE DRIVERS' LICENCE

1. _____ TRACK STEWARD OF _____ SIGNED

2. _____ IHRC STEWARD, SIGNED _____ DATE : _____