

To be filled in Capital letters only and tick where applicable.

## MARSHALL REGISTRATION FORM

<b>Last Name</b>		<b>First Name</b>	
<b>Address</b>			
			<b>Pin</b>
<b>Telephone</b>	<b>Off:</b>	<b>Res:</b>	<b>Fax:</b>
<b>Mobile</b>	<b>E-mail</b>		
<b>Date of Birth</b>		<b>Bld. Grp.</b>	<b>Nationality</b>
<b>Educational Qualification</b>			
<b>Occupation</b>			
<b>Emergency Contact Name</b>			<b>Relation</b>
<b>Address</b>			
<b>Telephone</b>	<b>Off:</b>	<b>Res:</b>	<b>Mobile:</b>
<b>Have you had any prior experience with motor sports.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Rally <input type="checkbox"/> Racing <input type="checkbox"/> Karting
<b>If YES, in what field</b>	<input type="checkbox"/> Marshalling <input type="checkbox"/> Timing <input type="checkbox"/> Communication <input type="checkbox"/> Safety <input type="checkbox"/> Medical		
<b>Details of Events</b>	1)	<b>YourRole</b>	
	2)	<b>YourRole</b>	
	3)	<b>YourRole</b>	
	4)	<b>YourRole</b>	
<b>Have you had any First Aid Training</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>By Whom</b>	<b>Details</b>
<b>Your own vehicle</b>	<input type="checkbox"/> 4Wheeler <input type="checkbox"/> 2Wheeler <input type="checkbox"/> M/cycle <input type="checkbox"/> Scooter		
<b>Would you like to bring your vehicle 4/2 W for event</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO.	<b>Licence No. *</b>	
		Fuel would be reimbursed @ Rs. 4/Km for 4 wheeler & 2/km for 2 wheeler	
<b>Do you have wireless radio operator Licence</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If yes, Details :</b>	
<b>Do you have wireless Radio Equipment</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>if yes, Details :</b>	
<b>Signature:</b> _____ <b>Date:</b> _____		<ul style="list-style-type: none"> <li>Please attach 2 copies of your photograph with this form</li> <li>Photo copy of driving licence.</li> </ul>	

I declare that I am over 18 years of age and agree to follow the instructions of officials of the Organizers at all times. I declare that I am physically and mentally fit to carry out my function and will inform the organizers should my condition change. I understand the nature and type of competition and that while carrying out my duties I may be exposed to the risks inherent in motor sports and agree to carry out my duties with proper regard for my own safety and that of others.

NAME: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Incase of Marshal under age 18 years**

**Signature of Guardian**

**Relation with Marshal**

**For official use only**

**Referred By :** \_\_\_\_\_

**Attended training on** Dt \_\_\_\_\_

Dt \_\_\_\_\_

Dt \_\_\_\_\_

**Role at Mock Session** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appointed at Location** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature: Chief Post**

\_\_\_\_\_  
**Stage Commander**

\_\_\_\_\_  
**ACOC**