



LAND ROVER UGANDA SHOW 2016 (6th – 7th May) 4x4 CHALLENGE/SPECIAL TASKS REGISTRATION

Instructions

1. Complete this registration form - one form per vehicle. (You may fill it, scan it or take a photo of the form and send it back by email in any computer readable format, e.g. jpg, pdf, doc, etc)
2. Add details of any accompanying adults plus emergency contacts
3. Confirm your application fee
4. Choose a payment option and make payment (or let us know when you will make payment)
5. Email the filled form or deliver it to any of the Club Officials or at our address.

The Land Rover Uganda Club
P.O.BOX 22586, Kampala, Uganda,
Number Eight, Engineer's Close, Mutungo Hill
Kampala, Uganda
Email: landrover@landroveruganda.club
Website: www.landroveruganda.club
Phone Contacts: 0751000040, 0772512131, 0792800080, 0753035732

Personal details:

Driver		Co-Driver	
First Name		First Name	
Last Name		Last Name	
Email		Email	
Phone Number		Phone Number	
Address		Address	

Vehicle details:

Make:	LRUC use only: Vehicle No:.....
Model:	
Year:	
Registration no:	
Insurance cover (please indicate your type of cover): <input type="checkbox"/> Motor 3 rd party insurance; <input type="checkbox"/> Comprehensive	
Are you a member of another Club? Yes/No If yes, please identify your club.	

Emergency Contacts

The Land Rover Uganda Show Organising Committee is asking participants to provide details of persons who are to be contacted in the event of an emergency.

Emergency Contact (1)

Is the listed person an Event participant? - YES / NO

Name:	
Relationship:	
Phone Numbers:	
Address:	
Email:	

Emergency Contact (2)

Is the listed person an Event participant? - YES / NO

Name:	
Relationship:	
Phone Numbers:	
Address:	
Email:	

Skills/equipment register (optional):

The Land Rover Uganda Club Committee is asking participants to complete this voluntary register of critical skills and equipment which might be called upon in cases of emergency. Please indicate the skills and/or equipment that you would be prepared to make available.

Mechanic	Auto electrician	Doctor	Nurse	Paramedic
HF Radio (call sign)		Sat phone (number)		
Other (please describe)				

Registration/4x4 Driving and Special Tasks Participation fees

Individuals and Teams	30,000 UgShs per vehicle
Land Rover Uganda Club paid members	Free of charge for all activities

Payments:

Pay to our Account Number, by Cash or by Mobile Money using the information below.

a) Payment by Bank Deposit/Cheque/Wire Transfer

Bank Name: HOUSING FINANCE BANK LTD

Account Name: LAND ROVER UGANDA CLUB

Account Number: 1100097974

Bank SWIFT Code (For international transfers): HFINUGKA

Bank Address: INVESTMENT HOUSE, PLOT 4 WAMPEWO AVENUE

P.O.BOX 1539 KAMPALA ,UGANDA

Tel. +256 414 259651/2

FAX: +256 414 341429

b) Payments by Mobile Money

Pay by Airtel Money to: 0751 000 040 or 0753 035 732.

c) Payments by Cash

Contact us to make payment by cash or Pay directly at the Land Rover Uganda Club Stall at the event

Land Rover Uganda Club Contacts: 0751000040, 0772512131, 0792800080, 0753035732

Driving Application Terms and Conditions

I wish to apply for participation in the activities and special tasks during the Land Rover Uganda Show 2016. I will be travelling primarily in the vehicle listed on this form. In applying, I confirm that I am aware of the hazards involved in 4x4 off-road driving.

I acknowledge that it is a condition of participation in this event that I do so at my own risk. I accept all risk and release the event organiser, its agents, affiliates, employees, sponsors, volunteers and any person directly or indirectly associated with the event from all claims, demands and proceedings arising out of or connected with my participation in this event and I indemnify them

against all liability for all injury, loss or damage arising out of or connected with my participation in this event however it may be caused.

I agree to obey the road rules and any reasonable and lawful direction of the organisers during the running of this event. If I become incapacitated I give permission for the organisers to seek medical help on my behalf.

I understand that it is a condition of entry to this event that every participating vehicle has third party insurance or comprehensive vehicle insurance which is current for the duration of the event. I warrant that the vehicle nominated on this form will comply with this condition.

I have read the above indemnity and agree to its terms and conditions. I further agree that this indemnity applies to any accompanying adults, youths and children listed on this application form.

Signed:

Date:

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