



WESTERN INDIA SPORTS ASSOCIATION

TO BE FILLED IN CAPITAL LETTERS ONLY AND TICK WHERE APPLICABLE.

MARSHAL REGISTRATION FORM Monsoon Challenge

Postes as:	in Team/Location
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Attache 2 Passport size photo's and copy of your driving license

Last Name		First Name	
Address			
			Pin
Telephone	Off:	Res:	Fax:
Mobile	E-mail		
Date of Birth	Bld. Grp.	Nationality	
Educational Qualification			
Occupation			
Emergency Contact Name			Relation
Address			
Telephone	Off:	Res:	Mobile:
Have you had any prior experience with motor sports.	<input type="checkbox"/> YES /NO <input type="checkbox"/>		<input type="checkbox"/> Rally <input type="checkbox"/> Racing <input type="checkbox"/> Karting
If YES, in what field	<input type="checkbox"/> Marshalling <input type="checkbox"/> Timing <input type="checkbox"/> Communication <input type="checkbox"/> Safety <input type="checkbox"/> Medical		
Details of Events	1)	YourRole	
	2)	YourRole	
	3)	YourRole	
	4)	YourRole	
Have you had any First Aid Training	<input type="checkbox"/> YES <input type="checkbox"/> NO	By Whom	Details
Your own vehicle	<input type="checkbox"/> 4Wheeler <input type="checkbox"/> 2Wheeler <input type="checkbox"/> M/cycle <input type="checkbox"/> Scooter		
Would you like to bring your vehicle 4/2 W for event	<input type="checkbox"/> YES <input type="checkbox"/> NO.	Licence No. *	
	Fuel would be reimbursed @ Rs. 5/Km for 4 wheeler & 2.5/km for 2 wheeler		
Do you have wireless radio operator Licence	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Details :	
Do you have wireless Radio Equipment	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Details :	
Signature: _____	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Paste Passport size Photograph Here</p> </div>		
Date: _____			

I declare that I am over 18 years of age and agree to follow the instructions of officials of Western India Sports Association 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: _____

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For official use only

Referred By : _____

Training Attended On

Dt _____ Dt _____ Dt _____

Role at Mock Session

Appointed at Location

Signature: Chief Post

Stage Commander

DCOC