



WESTERN INDIA SPORTS ASSOCIATION

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

MARSHAL REGISTRATION FORM 2008

Please attach 2 copies of your recent photograph with this form
Photocopy of driving lincense

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: _____ Date: _____			<div style="border: 1px solid black; padding: 20px; width: fit-content; margin: auto;"> Paste Passport size Photograph Here </div>			

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