



Issue Date: 05/10/2011



Triathlon Scotland

NEG Motorcycle Registration (For Triathlon Events Only)

To be completed by the Organiser and submitted to British Triathlon headquarters in advance of the event.
Retrospective registration will not qualify a motor cycle for insurance cover

All drivers must be:

Home Nation Triathlon Member Aged 25 or over The 'normally insured' driver of the motorcycle

| | |
|---------------------|-------------|
| Event Name / Title: | Event Date: |
|---------------------|-------------|

Important - Please Note:

Event organisers should ensure that all registered drivers comply with the abovementioned conditions. If, in the event of a claim, a driver is found not to be compliant with the abovementioned conditions, insurance cover will not be valid. The provision of Comprehensive insurance cover to nominated motorcycle marshals is conditional. Responsibility for compliance rests with the individual driver. Responsibility for registering all drivers requiring insurance rests with the event organiser. To keep administration to a minimum receipts will not be issued - please retain your fax transmission slip or email which may be required in the event of a claim.

Motor Cycle Marshalls

(For FULLY qualified BC National Escort Group Motorcycle Marshalls who have passed the Part 3 qualification)

| | | | |
|--------------------|----------|--------------------|----------|
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |
| Driver's Full Name | Reg. No. | Driver's Full Name | Reg. No. |

| | | |
|------------------------|--|------|
| Organiser's Full Name | Signed (To be signed if submitting by post or fax) | Date |
| Organiser's Fax Number | Organiser's Email address | |

For Office Use Only :

Authorisation Signature : _____ Date : _____