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**Ballyclare May Fair - Register Your Interest for the Soapbox Derby 2024**

*Please return your Expression of Interest to Ian Cameron* [*Ian.Cameron@antrimandnewtownabbey.gov.uk*](mailto:Ian.Cameron@antrimandnewtownabbey.gov.uk)*.*

*We will be in touch with further information once the 2024 dates and times have been confirmed.*

**TEAM NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ALL TEAM MEMBERS DETAILS MUST BE COMPLETED FOR INSURANCE PURPOSES***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Captain** | **Team Member** | **Team Member** | **Team Member** |
| **Name** |  |  |  |  |
| **Address** |  |  |  |  |
| **Phone Number** |  |  |  |  |
| **DOB** |  |  |  |  |
| **Existing Medical Conditions/Injuries**  **Yes/No. If Yes, please give details** |  |  |  |  |
| **Signature** |  |  |  |  |

**Please provide additional information about your team or soapbox. This information may be used to introduce you properly to the spectators.**