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| **SECTION 1 – DRIVER DETAILS** |
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|  |
| **Driver Name** |  |  |
|  |
| **Driver Address** |  |  |
|  |  |  |
|  |  |  |
|  |
| **Licence Grade** |  | **Licence No** |  | **ASN** |  |  |
|  |
| **Date of Birth** |  | **Club Mem No** |  | **Home Town** |  |  |
|  |
| **Phone: Home** |  | **Work** |  | **Mobile** |  |  |
|  |
| **Email Address** |  |  |
| **Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team** |
|  |  |  |
|  |
| **SECTION 2 – VEHICLE DETAILS** |
|  |
| **Car Number** |  |  | **Make of Car** |  |  |
|  |
| **Type/Model** |  | **cc** |  |  |
|  |
| **Transponder No** |  | **Class** |  | **Year** |  |  |
|  |
|  |
| **Sponsor Details** |  |  |
|  |
| **SECTION 3 – EVENT DETAILS** |
|  | **Date** | **Venue** | **Entry Fee** | **Tick to Enter** | **Enter** |  | **Is this your 1st time racing at this circuit?** | **Yes** | **Notes** |
|  | March 21st (Sun) | Silverstone | £350 |  |  |  | International circuit |
|  | April 24th (Sat) | Lydden Hill | £350 |  |  |  |  |
|  | May 22nd (Sat) | Mallory Park | £350 |  |  |  |  |
|  | June 19th (Sat) | Oulton Park | £350 |  |  |  | International circuit |
|  | August 8th (Sun) | Brands Hatch | £350 |  |  |  | Indy circuit & club BBQ |
|  | August 29th (Sun) | Cadwell Park | £350 |  |  |  |  |
|  | Sept 18th (Sat) | Castle Combe | £350 |  |  |  |  |
|  | October 16th (Sat) | Donington Park | £350 |  |  |  | National circuit |
|  |
| **Name and Address of Relative to be Notified in the Event of a Serious Accident** |
|  |
| **Name** |  | **Relationship** |  | **Telephone** |  |  |
|  |
| **Address** |  |  |
|  |
|  |
| **1.** I declare I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence. **2.** To the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached. **3.** I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration issued a licence which permits me to do so. **4.** Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person’s parent/guardian/guarantor, whose full names and address have been given. **5**. If I am the parent/guardian/guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. |
|  |
| **Driver Signature** |  | **Date** |  |  |
|  |
| **Age if Under 18** |  | **Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person’s parents or guardian, whose full name & address is below** |
|  |
| **Name of Parent/Guardian** |  | **Signature of Parent/Guardian** |  |  |
|  |
| **Full Address** |  |  |
|  |
|  |
| **Continuation Sheet** |
|  |
|  | **Driver Name** |  | **Car No** |  |  |
|  |
| **SECTION 3 – PAYMENT DETAILS** |
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| Cheques to be made payable to: **SV Concepts** or alternatively complete Debit/Credit Card details below |
|  |
| Card Type | Debit/Credit | Card No |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Valid From |  | Expiry Date |  |  |
|  |
| Issue No (debit card only) |  |  | Security Code (last 3 digits on back) |  |  |
|  |
| Name on Card |  | Signature |  |  |
|  |
| NB – A surcharge of £4 will be added to the total payment if payment is made by credit card.  |
|  |
| **SECTION 4 – ENTRANT DETAILS** |
|  |
| **Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1st Driver will be nominated as the Entrant in accordance with MSA Regulation [C(a)3]** |
|  |
| Entrant Name  |  |  |
|  |
| Entrants Licence No |  | ASN |  | Representative Name |  |  |
|  |
| Entrant Address |  |  |
|  | Postcode |  |  |
|  |
| Phone: Home |  | Work |  | Mobile |  |  |
|  |
| Email Address |  |  |
|  |
| **1.** I declare I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence. **2.** To the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached. **3.** I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration issued a licence which permits me to do so. **4.** Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person’s parent/guardian/guarantor, whose full names and address have been given. **5**. If I am the parent/guardian/guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. |
|  |
| Entrant Signature |  | Date |  |  |
|  |
| Age if Under 18 |  | **Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person’s parents or guardian, whose full name & address is below** |
|  |
| Name of Parent/Guardian |  | Signature of Parent/Guardian |  |  |
|  |
| Full Address |  |  |
|  |
| **SECTION 5 – NOTES FOR COMPLETION** |
|  |
| * **Please ensure that all information is completed as if you do not do so your entry will not be accepted**
 |
| * **If submitting entry form electronically, please indicate signature by placing “X” in appropriate box**
 |
| * **Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry**
 |
| **SECTION 6 – FOR OFFICE USE ONLY** |
|  |
| **Date Received** |  |  |  |
|  |  |  |  |
| **Date Acknowledged** |  |  |  |
|  |  |  |  |
| **Entry Fee Paid** |  | **Date** |  |  |
|  |  |  |  |
| **Method of Payment** |  |  |  |
|  |  |  |  |
| **Amount Refunded** |  | **Date** |  |  |
|  |  |  |  |