



OFFICE USE ONLY



RACE ENTRY FORM

Entries Open: 13 February - Entries Close: 30

RACE ENTERED: Jaguar Classic Challenge

DRIVER DETAILS:

Surname..... First Name..... Nationality.....

Address.....

.....

..... Post Code.....

Telephone No Fax No.....

E-mail address

Competition License No Grade

CAR DETAILS:

Car Make..... Model..... Year..... Colour.....

Capacity cc..... Engine..... Class.....

Competition No..... Timing Transponder No.....

2ND DRIVER/ENTRANT DETAILS: (if different from driver)

Full Name.....

Address.....

.....

.....

..... Post Code.....

Telephone No..... Fax No E-mail.....

2nd Driver/Entrants Licence Number..... Grade.....

Address for Tickets/Passes etc: Entrant ☐ or Driver ☐ (please tick)

For a full list of races at this meeting please see the supplementary regulations issued on 9th February 2017 as available from the HSCC.

The General Declaration and Payment Details sections below **MUST** be completed by all Competitors **PRIOR** to submission. The Meeting will be held under the General Regulations of The Motor Sports Association, (incorporating the provisions of the International Sporting Code of the FIA), the Supplementary Regulations and any written instructions that the organising Club may issue for the event.

GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

1. I have read the General Regulations of the Motor Sports Association and 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 motor sport and agree to accept that risk. Further I understand that all persons have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.
2. I declare that 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 my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.
4. I undertake that at the time of the event to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

Has the Driver (s) competed at this circuit before? YES / NO. Drivers Competition Licence to be signed? YES / NO

SIGNATURES (This form is not valid unless signed)

Driver Date

2nd Driver / Entrant Date

Any indemnity and or declaration prescribed above which is signed by a person ***who has not reached his or her 18th birthday*** must be countersigned by that person's parent or guardian:

Driver under 18? Yes/No Entrant under 18? Yes/No Parent/Guardian Full Name:

Relationship Address

..... Postcode Telephone

Signature Date

Details of person to be informed in the event of a serious accident: (Entry form not valid if not completed)

Name..... Address.....

Post Code Telephone.....

PAYMENT DETAILS/METHOD

Entry Fee Due £1,250 inc of VAT at the rate of 20%

Please send a cheque for the amount due or fill in your MasterCard / Visa / debit card details below:

Please Note: we will not accept bank transfers from Europe or UK

Card Number:																			
Start Date:																			
Name on Card:																			

IMPORTANT - PLEASE RETURN THIS FORM TO

Historic Sports Car Club Ltd, Silverstone Circuit, Silverstone, Nr Towcester, NN12 8TN

Telephone: 01327 858400, Fax 01327 858500, e-mail: office@hsccl.org.uk