



### Entry Form

Name & Address

Home Telephone
Work Telephone
Mobile
Fax
E-Mail Address
Comp Licence No:
Grade:

**There will be one 20 minute practice session on Friday 20 April 12.10-12.30**  
**Qualifying session 20 minutes Friday 20 April 15.15-15.35**  
**Race 1 20 minutes on Saturday 21 April 14.20-14.40.**  
**Race 2 20 minutes Sunday 22 April 14.50-15.10**  
**UPDATES WILL BE AVAILABLE ON HF2 PAGE, WWW.HSCC.ORG.UK**

**ENTRANT'S DETAILS** (If different from driver)

NAME:		ADDRESS:	
		POST CODE:	
Telephone Number:	Fax Number:	Entrant's Licence Number:	

Address for Tickets/Passes etc: Entrant or Driver

**CAR DETAILS**

**Race Entered:** HF2    **Class:** \_\_\_\_\_ **Car:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Manufactured: \_\_\_\_\_  
**Engine Capacity:** \_\_\_\_\_ **Colour:** \_\_\_\_\_ **FIA:** Yes/No    **Competition Number:** \_\_\_\_\_

Transponder Number:
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Details of person to be informed in the event of a serious accident:

NAME:	Phone number:
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**Entry Fee due: £735 Entries Close Friday 30<sup>th</sup> March 2018**

**PAYMENT DETAILS**

Mastercard	Visa	Switch													
Card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
Security number (last 3 digits on reverse of card)	Expiry date	Start date	Issue no.												
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>												

Signed:	Dated:
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Please return this entry form to:

**HISTORIC SPORTS CAR CLUB Ltd. SILVERSTONE CIRCUIT, TOWCESTER.**  
**NORTHANTS. NN12 8TN. ENGLAND - Tel: 01327-858400 Fax: 01327-858500**  
**E-mail office@hsc.org.uk**