



# THRUXTON 50<sup>TH</sup> ANNIVERSARY CELEBRATION

## Saturday 2<sup>nd</sup> June- Sunday 3<sup>rd</sup> June 2018

OFFICE USE ONLY



### RACE ENTRY FORM

Entries Open: 22 March- Entries Close: 11 May

### RACE ENTERED: Historic Formula Ford

**DRIVER DETAILS:**

Surname..... First Name.....Nationality.....  
 Address.....  
 .....  
 ..... Post Code.....  
 Telephone No Home .....Mobile No.....Work Phone.....  
 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.....

**ENTRANT DETAILS:** (if different from driver)

Full Name.....  
 Address.....  
 .....  
 ..... Post Code.....  
 Telephone No..... Fax No ..... E-mail.....  
 Entrants Licence Number.....Grade.....

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

**For HSCC office only.**

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**PAYMENT DETAILS/METHOD**

**Entry Fee Due £420**

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

Card Number:																			
Start Date:						Expiry Date:						Issue No:							
Name on Card:											3 digits on reverse								

**Credit card details provided on this entry form will be deleted after payment in compliance with the General Data Protection Regulation 2018**

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 .....

2<sup>nd</sup> 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.....

**For HSCC office only.**

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**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@hsc.org.uk**