



# Spa Francorchamps Race Meeting

Liege Belgium

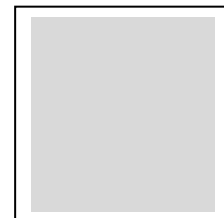
Friday 14<sup>th</sup> – Sunday 16<sup>th</sup> September 2018

## Jaguar Classic Challenge

### ENTRY FORM

Entries Open: Tuesday 25<sup>th</sup> July 2018

Entries Close: 1700 hrs on Friday 31<sup>st</sup> August 2018



#### DRIVER DETAILS:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Licence Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Driver under 18?: \_\_\_\_\_

Spa Francorchamps International Road Circuit: Length 7.393km

#### Race Details:

One 30 minute practice on Friday and one 61 minute race on Sunday.

**Special Note:** The Race is restricted to a max noise level of 108db

#### Licence Requirements:

The minimum of National A or International Historic.

#### SECOND DRIVER OR ENTRANT'S DETAILS (If different from Driver – please delete as appropriate)

NAME:.....ADDRESS:.....

.....POST CODE: .....

Telephone Number: ..... Fax Number: ..... Licence Number: .....

Address for Tickets/Passes etc: Entrant or Driver

#### CAR DETAILS

Car: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Class \_\_\_\_\_

Engine Capacity: \_\_\_\_\_ Colour: \_\_\_\_\_ VIF's: HSCC: YES/NO FIA: YES/NO Competition Number: \_\_\_\_\_

Transponder No: \_\_\_\_\_

#### *Details of person to be informed in the event of a serious accident:*

NAME:.....ADDRESS:.....

.....POST CODE: .....

Telephone: .....

The General Declaration and Payment Details sections below MUST be completed by all Competitors PRIOR to submission.

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

- 1 In consideration of the acceptance of this entry and my being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified any such Person, Persons or Body as may be authorised by the promoters or organisers of this event and their respective Officials, Servants, Representatives and Agents together with other Competitors and their respective Servants, Representatives and Agents from and against all actions, claims, costs, expenses and demands in respect of Death of or Injury to or Damage to the property of Myself, my Driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.
- 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 an ASN specified medical examination within the specified period.

Has Driver competed at this circuit before? YES / NO.

**SIGNATURES:**

Driver: ..... Date: .....

Entrant: ..... Date: .....

Any indemnity and or declaration prescribed above which is signed by a person <i>who has not reached his or her 18th birthday</i> 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: .....	

**PAYMENT DETAILS / METHOD**

MasterCard / Visa / Debit Card details. **Please note the HSCC cannot process American Express Cards.**

Credit/Debit Card No																				
Expiry Date:					Start Date:					Issue Number:		3 digit security code:								

Please debit the above card

Signed: .....

Or alternatively please send a cheque for the following amount:

**Entry Fee due: £975**

Banked	
Reference	

Please return your entry to:  
**Historic Sports Car Club Ltd, Silverstone, TOWCESTER, NN12 8TN**  
**Tel: 01327-858400    Fax: 01327-858500**  
**E-mail office@hsc.org.uk    Website www.hsc.org.uk**