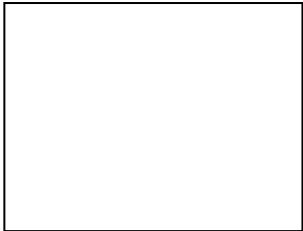




**Championship Finals**  
On the Silverstone National Circuit  
Saturday 20<sup>th</sup> October – Sunday 21<sup>st</sup> October 2018



**ENTRY FORM**

Entries Open: Wednesday 22<sup>nd</sup> August 2018  
Entries Close: Wednesday 3<sup>rd</sup> October 2018

Name & Address

Home Telephone:
Work Telephone:
Fax Number:
Mobile Number:
e-mail:
MSA Comp Licence Number:
MSA licence grade:
Driver under 18? YES / NO

<b>Saturday 20<sup>th</sup> October and Sunday 21<sup>st</sup> October</b>	<b>Entry Fee</b>	<b>Tick</b>
Classic Clubmans 12 Min Qual & Race 1 on Sat 15 Min, Race 2 15 Min on Sun	£340	
Historic Formula Junior FE 12 Min Qual & Race 1 Sat 15 Min Race 2 15 min on Sun	£340	
HSCC 70's Road Sports 12 Min Qual & 20 Min Race all on Sat	£260	
Historic Formula Ford 2000 12 Min Qual & Race 1 on Sat 15 Min Race 2 15 Min on Sun	£340	
HSCC Historic Road Sports 12 Min Qual & 20 Min Race on Sat	£260	
Historic Formula Junior RE Qual 12 Min & Race 1 on Sat 15 Min Race 2 15 Min on Sun	£340	
HSCC Derek Bell Trophy Qual 15 Min & Race 1 Sat 20 Min Race 2 20 Min on Sun	£440	
HSCC Historic Formula Ford Qual 12 Min & Race 1 Sat 15 Min Race 2 15 Min on Sun	£340	
HSCC Historic Touring Cars 12 Min Qual & Race 1 Sat 15 Min Race 2 15 Min Race on Sun	£340	
Classic Formula 3 with URS Qual 12 Min & two Races 15 Min each all on Sunday	£340	
Historic Formula 3 12 Min Qual & 20 Min Race all on Sun	£260	
Guards Trophy 25 Min Qual & 40 Min Pit Stop Race all on Sun	£520	

*NB: This may not be the order in which races will run - see Final Instructions*

**SECOND DRIVER or 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**

<i>Race Entered</i>	<i>Car Make</i>	<i>Car Model</i>	<i>Class</i>	<i>Year of manufacture</i>
<i>Colour</i>	<i>Engine capacity</i>	<i>HSCC VIF</i> <b>YES</b> <b>NO</b>	<i>FIA HTP</i> <b>YES</b> <b>NO</b>	<i>Competition number</i>
<b>Transponder number</b>				

**PAYMENT DETAILS/METHOD**

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

Card Number:																							
Start Date:																							
Name on Card:																							

Total due: £.....                      Less £50 for each additional Race entered

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), 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 Driver competed at this circuit before? YES / NO. \***

\*Please delete as appropriate

**SIGNATURES: This entry form is not valid unless the driver has signed below.**

Driver	Date:
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:**

**This entry form is not valid unless this section is filled in.**

NAME:	ADDRESS:
POST CODE:	Telephone:

**To compete in an HSCC Championship race you must be an HSCC Member**

This entry form should be read in conjunction with the HSCC Standard Race Regulations issued on 31<sup>st</sup> January 2018

Available from the HSCC office or [www.hsc.org.uk](http://www.hsc.org.uk). Email [office@hsc.org.uk](mailto:office@hsc.org.uk)

**Historic Sports Car Club Ltd, Silverstone, TOWCESTER, NN12 8TN    Tel: 01327-858400    Fax: 01327-858500**