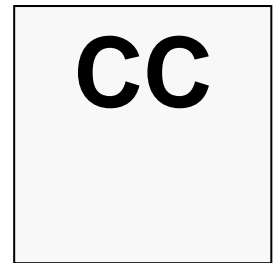




MG Car Club Race Meeting

Brands Indy

27th April 2019



Entry Form

Entries open Friday 22nd February 2019

Name & Address:

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

Provisional Timetable: Qualifying 15 mins plus two Races 15 mins each all on Saturday 27th April

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: Classic Clubmans

Class: _____ **Car Make:** _____ **Model** _____

Manufactured: _____ **Engine Capacity:** _____ **Colour:** _____

VIF: HSCC: Yes/No **FIA HTP:** Yes/No

Competition Number: **Transponder Number:**

Details of person to be informed in the event of a serious accident:	
NAME:	PHONE NUMBER

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 Motorsport UK, (incorporating the provisions of the International Sporting Code of the FIA), and any written instructions that the organising Club may issue for the event.

1. I declare that I have been given the opportunity to read the General Regulations of the Motorsport UK and, if any, 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. I understand that motorsport can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks (M.UK Yearbook D13.1).
2. 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.' (H.10.1.6).

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

Driver's Competition Licence to be signed? YES / NO

SIGNATURE (This form is not valid unless signed)

Driver 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

Entry Fee due: £395 Entries Close Friday 12th April 2019

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								



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