



Castle Combe Autumn Classic

Saturday 5th October 2019

Historic Formula Ford with Classic Formula Ford Entry Form

Entries Open: Wednesday 21st August
Entries Close: Friday 13th September

HFF / CFF

Name & Address	Home Telephone:
	Work Telephone:
	Fax Number:
	Mobile Number:
	e-mail:
	Motorsport UK Comp Licence Number
	Motorsport UK licence grade
	Driver under 18? YES / NO

Qualifying 15 minutes
Race 20 minutes
Entry Fee £275.00

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 HFF/ CFF</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 YES NO</i>	<i>FIA VIF YES NO</i>	<i>Competition number</i>
Transponder number				

**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:		

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

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 <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

Please send a cheque for the amount due or fill in your Visa / Mastercard / Debit card information below

Total due: £275.00

Acknowledged	
Banked	
Reference	

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

Signed: _____