



RACE ENTRY FORM

Entries Open: 14 February - Entries Close: 6 July 2020

RACE ENTERED: HSCC THUNDERSPORTS

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.....

SECOND DRIVER: (or ENTRANT if different from Driver)

Full Name.....
 Address.....

 Post Code.....
 Telephone No..... Fax No E-mail.....
 Licence Number..... Grade.....

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

For a full list of the races at this meeting please see the supplementary regulations issued on 14th February 2020 as available from the HSCC.

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), the Supplementary Regulations and any written instructions that the organising Club may issue for the event.

Has the Driver (s) competed at this circuit before? YES / NO. Drivers Competition Licence to be signed? YES / NO

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).

SIGNATURES (This form is not valid unless signed)

Driver Date

2nd 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.....

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Post Code Telephone.....

PAYMENT DETAILS/METHOD

Entry Fee Due £995

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@hsccltd.co.uk