



**HISTORIC FORMULA  
TWO  
DIJON**

**5<sup>th</sup>-6<sup>th</sup> 7<sup>th</sup> June 2020**

**Entry Form**

Name & Address:

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

**Private Practice: TBA  
Qualifying: TBA  
Race 1 Saturday TBA  
Race 2 Sunday TBA**

**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:** HF2    **Class:** \_\_\_\_\_ **Car:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Manufactured: \_\_\_\_\_  
**Engine Capacity:** \_\_\_\_\_ **Colour:** \_\_\_\_\_ **VIF's:** HSCC: Yes/No    FIA: Yes/No    **Competition Number:**

Transponder Number:

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

NAME:	Phone number:
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**Entry Fee due: GBP 799 Entries Close Wednesday 20<sup>th</sup> May 2020**

**PAYMENT DETAILS**

Mastercard    Visa    Switch

Card number

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Security number  
(last 3 digits on reverse of card)

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Expiry date

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Start date

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Issue no.

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Signed:	Dated:
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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**

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

- 1 I have read the General Regulations of Motorsport UK 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 <b>who has not reached his or her 18th birthday</b> 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: