Hockenheim Historic
24th– 26th April 2020

HF2

Entry Form

Name & Address

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

Free 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:_____ FIA: Yes/No **Competition Number:**

Transponder Number:

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

Entry Fee due: £799 Entries Close Wednesday 8th April 2020

PAYMENT DETAILS
Mastercard Visa Switch

Card number

Security number (last 3 digits on reverse of card) Expiry date Start date Issue no.

Signed:	Dated:

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@hscc.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 ***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:**