



# WALTER HAYES TROPHY

## HSCC 50km Races A & B

### Saturday 31<sup>st</sup> October 2020

### ENTRY FORM

Entries open on Friday 4<sup>th</sup> September 2020

Entries close on Friday 16<sup>th</sup> October 2020

Official use only

I wish to enter

**Closed Wheel Race**  
**Tick Box**

or

**Open Wheel Race**  
**Tick Box**

#### DRIVER DETAILS:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_

Telephone Numbers:  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_  
 Licence Number: \_\_\_\_\_ Grade: \_\_\_\_\_

**Driver under 18?: YES/NO**

#### 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

**Qualifying 10 mins and Race 25mins or 20 laps all on Saturday**

#### CAR DETAILS:-

**Eligible Classes Closed Wheel Race A:** 70's, HRS, HTC, GT & DSC, CLCL, 80's & Thundersports

**Eligible Classes Open Wheel Race B:** CF3, FF20, GLT, AUR, CFF, HFF, HFJ, HF2, HF3 HFJ.

At the discretion of the HSCC other appropriate pre '81 Historic race cars may be accepted. Cars must be silenced as per their Championship Regulations.

Car: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year Manufactured: \_\_\_\_\_

Class: \_\_\_\_\_ Engine Capacity: \_\_\_\_\_ Colour: \_\_\_\_\_

Normal Competition Number: \_\_\_\_\_ Transponder No. \_\_\_\_\_

#### 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: .....

The General Declaration and Payment Details sections **MUST** be completed by all Competitors **PRIOR** to submission.

*The entry form will be processed on receipt at the HSCC Office and the slip below will be detached and destroyed, card details will be stored securely by Sage Pay Ltd., our payment provider until payment is due. No card details are retained by the HSCC.*

#### PAYMENT DETAILS / METHOD

**Special Race Entry Fee due: £195 only.** Cheques payable to the HSCC Ltd.

Please send a cheque for the amount due or fill in your Mastercard / Visa / debit card details

Credit/Debit Card No 

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Expiry Date: 

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 Start Date: 

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 Issue Number: 

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 Security Code 3 Digits: 

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Please debit the above Credit/Debit Card

Signed.....

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), the Supplementary Regulations 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 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 <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: .....

We are obliged to comply with the general data protection act 2019. We need your permission to include you in activity undertaken by Silverstone Circuits Limited (SCL), the BRDC and HSCC which is covered by this act. This would include entry information or biographies in the race programme. Any such activities will be restricted to matters related to motor sport and your details will not be passed to any other parties. If you do not wish to consent to this you must tick here

PLEASE RETURN THIS FORM TO:



**The Historic Sports Car Club Ltd, Silverstone Circuit,  
Towcester, Northants. NN12 8TN**

Tel: 01327-858400 Fax: 01327-858500  
E-mail [office@hsccltd.org.uk](mailto:office@hsccltd.org.uk) Web: [www.hsccltd.org.uk](http://www.hsccltd.org.uk)