

Oulton Park Gold Cup

Oulton Park 26th-28th July 2024

ENTRY FORM

Entries Open Monday 19th February 2024 Entries Close Monday 22nd July 2024

| Name & Address: | Home: |
|-----------------|-------------|
| | Work: |
| | Fax: |
| | Mobile: |
| | Email: |
| | Licence No: |
| | Grade: |
| | Under 18: |

| | Entry Fee | Tick |
|--|--------------|------|
| Historic Formula 3 Quali 20 mins Fri, Race 1 20 mins Sat, Race 2 20 mins Sun | £670 | |
| Derek Bell Trophy Quali 20 mins Fri, Race 1 20 mins Sat, Race 2 20 mins Sun | £745 | |
| Historic Formula Ford 2000 Quali 20 mins Fri, Race 1 & 2 both 20 mins Sat | £670 | |
| Historic Formula Junior Quali 20 mins Fri, Race 1 20 mins Sat, Race 2 20 mins Sun | £670 | |
| Historic Road Sports with 70s and HTC Quali 25 mins Sat, Race 1 25 mins Sat, Race 2 20 mins Sun | £780 | |
| 70s Road Sports with HRS and HTC Quali 25 mins Sat, Race 1 25 mins Sat, Race 2 20 mins Sun | £780 | |
| Historic Touring Cars with 70s and HRS Quali 25 mins Sat, Race 1 25 mins Sat, Race 2 20 mins Sun | £780 | |
| 500 OA Quali 15 mins Fri, Race 1 15 mins Sat, Race 2 15 mins Sun | POA | |
| Ferrari Classic Quali 20 mins Fri, Race 1 20 mins Sat, Race 2 20 mins Sun | POA | |
| HGPCA Quali 20 mins Sat, Race 1 20 mins Sat, Race 2 20 mins Sun | POA | |
| CSCC Special M&S Quali 20 mins Sat, Race 1 15 mins Sat, Race 2 15 mins Sun | POA | |
| VSCC 1 Quali 20 mins Sat, Race 15 mins Sun | POA | |
| VSCC 2 Quali 20 mins Sat, Race 15 mins Sun | POA | |
| MRL Touring Cars Quali 25 mins Sat, Race 50 mins Sun | POA | |

NB: This may not be the order in which races will run - see Final Instructions

CAR DETAILS

Race Entered: Make: Year Manufactured:
Class: Model: Competition Number:
VIF: Engine Capacity: Transponder Number:
HTP: Colour:

To compete in an HSCC Championship race you must be an HSCC Member

This entry form should be read in conjunction with the HSCC Standard Race Regulations issued on 4th^t January 2019 Available from the HSCC office or www.hscc.org.uk. Email office@hscc.org.uk

Historic Sports Car Club Ltd, Silverstone, TOWCESTER, NN12 8TN Tel: 01327-858400 Fax: 01327-858500

| e contacted in event of a serious ent *MUST BE COMPLETED* | Second Driver or Entrant (if different from above) | | | | |
|--|---|-------------------------------------|--|--|--|
| | Name | | | | |
| | Licence No. | | | | |
| | Address | | | | |
| | | | | | |
| | | | | | |
| | Post Code | | | | |
| | Telephone | | | | |
| | | Name Licence No. Address Post Code | | | |

Has Driver competed at this circuit before? YES / NO. **Please delete as appropriate

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

- 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).
- 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.'
- 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).

Any indemnity and or declaration prescribed 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

| Entra | ant under 18? Yes/No |
|------------------------------|----------------------|
| Parent/Guardian Full Name | |
| Relationship | |
| Address | |
| | |
| | |
| Post Code | |
| Telephone | |
| Signature | |

SIGNATURES: This entry form is not valid unless signed below.

| Driver | Date: |
|----------|-------|
| Entrant: | Date: |

PAYMENT DETAILS / METHOD

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

Total due: £....

(Less £50 for each additional Race entered)

Payment will be taken on or after the closing date for entries.

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

| | | | | | | | | | | | | | | • | |
|------------------|--------------|--|--|--|--|--|--|--|-----|---------|--------|------|--|---|--|
| Card Number: | | | | | | | | | | | | | | | |
| Start Date: | Expiry Date: | | | | | | | | lss | ue No |): | | | | |
| Name on Card: | | | | | | | | | 3 d | igits c | n reve | erse | | | |