



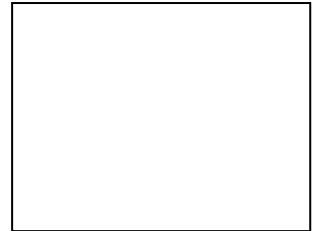
Walter Hayes Trophy

Silverstone Circuit
2nd-3rd November 2024

ENTRY FORM

Entries Open Tuesday 3rd September 2024

Entries Close Tuesday 29th October 2024



Name & Address:

Home:
Work:
Fax:
Mobile:
Email:
Licence No:
Grade:
Under 18:

	Entry Fee	Tick
70s Road Sports with Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Historic Road Sports with Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Historic Touring Cars with Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Guards GT with Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Guards SR with Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Modsports with Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Ecosse Italia Border Challenge Closed Wheel A Allcomers Pre 90 Quali 15 mins Sat, Race 25 mins Sat	£165	
Ecosse Italia Border Challenge Closed Wheel B Allcomers Quali 15 mins Sun, Race 25 mins Sun	£165	

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 4th¹ January 2019

Available from the HSCC office or www.hsc.org.uk. Email office@hsc.org.uk

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

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

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

Person to be contacted in event of a serious accident *MUST BE COMPLETED*		Second Driver or Entrant (if different from above)	
Name		Name	
Relationship		Licence No.	
Address		Address	
Post Code		Post Code	
Telephone		Telephone	

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.U.K 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.
- 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

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:					Issue No:								
Name on Card:										3 digits on reverse								

