



Date:  
(Internal use only)

Sunday 2 September 2018 – Brands Hatch Indy

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations

**ENTRY FORM TO BE COMPLETED IN BLOCK CAPITALS**

A separate entry form is required for each car

**ENTRIES OPEN: On Publication / Extra point up to Fri 17 August**

Entering this race meeting entitles you to free membership of MSVR

**Please send the completed entry form to  
Porsche Club Motorsport  
Cornbury House, Moreton in Marsh  
Glos. GL56 0JQ**

Fee:  
(Internal use only)

**Name of Driver (CAPITAL LETTERS):**

**ENTRY FEE**

**£580**

**GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS**

I hereby make application to participate in the National B Race Meeting(s) to be held at this circuit on the dates specified. I certify that the particulars of my entry and my vehicle as given are correct.

**Nationality of Driver:**

IS AN ENTRANTS LICENCE HELD IN THIS NAME? **YES / NO** (Delete as applicable)

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association 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. Further, I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

Address (for Correspondence).....

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.

..... Postcode.....

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.

Telephone No. ....

Email Address.....

Entrant/Team/Sponsor.....

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.

**Particulars of Entry:**

**Petro-Canada Lubricants Porsche Club  
Championship with Pirelli  
(1 x 20 minute qualifying and 2 x 25 minute races)**

**PLEASE ENSURE THAT THIS FORM IS SIGNED AND DATED**

Make/Model

Signature of **Driver**  
(If other than entrant):

Competition Licence No.   
ASN Issuing Licence, e.g. MSA

Colour

Signature of **Entrant or nominated representative:**

Competition Licence No.   
ASN Issuing Licence, e.g. MSA

Transponder Number

Year of Manufacture

Cubic Capacity

Preferred Car Number

Date.....

**IMPORTANT:** Any indemnity and/or declaration as prescribed by the paragraphs above that is signed by a person **under the age of 18** shall be countersigned by that person's parents or guardian, whose full name and address shall be given below:

Have you raced at this circuit before? **Yes / No**

Full Name of Parent or Guardian.....

**STATE YOUR AGE IF UNDER 18** (.....years old)

Relationship.....Signature.....

Permanent Residential Address of Driver **(If different from above):**

**TO BE COMPLETED BY ALL COMPETITORS**

In case of accident please contact the following:

Name .....Relationship .....

**Petro-Canada Lubricants Porsche Club Championship with Pirelli, Sunday 2 September 2018, Brands Hatch Indy**

**ENTRY FEE PAYMENT: £**

**By credit/debit card - Please complete the section below *in full*. Please note - CHEQUES ARE NOT ACCEPTED**

I wish to pay by Visa / Delta / MasterCard: I authorise you to debit my account with the amount of £

**Card Number:**  **Security Code:**

**Start Date:** (If shown): Maestro/Switch cards  **Expiry Date:**  **Name: (as on card)** .....

**Signature**..... **Card Holder's Address** .....

..... **Postcode:** ..... **Telephone**.....