

Saturday 4th May – Brands Hatch GP

Held under the General Regulations of Motorsport UK (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: addition point for entries prior to – Friday 19th April 2019

Entering this race meeting entitles you to free membership of MSVR

Date:
(Internal use only)

(Internal use only)

Send the completed entry to:
Porsche Club Motorsport
Cornbury House, Cotswold Bus. Village
Moreton in Marsh, Glos. GL56 0JQ
Email: motorsport@porscheclubgb.com

Name of Driver (CAPITAL LETTERS):	ENTRY FEE	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:	No Fee	

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

Address (for Correspondence).....

 Postcode.....

Telephone No.

Email Address.....

Entrant/Team/Sponsor.....

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. 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.

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.

Particulars of Entry:

Classic Restoracing Championship

Make/Model

Colour

Transponder Number

Year of Manufacture

Cubic Capacity

Preferred Car Number

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

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

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.

PLEASE ENSURE THAT THIS FORM IS SIGNED AND DATED

Signature of Driver (If other than entrant): <input style="width: 100px; height: 40px;" type="text"/>	Competition Licence No. <input style="width: 60px; height: 20px;" type="text"/> ASN Issuing Licence, e.g. MUK <input style="width: 60px; height: 20px;" type="text"/>
Signature of Entrant or nominated representative: <input style="width: 100px; height: 40px;" type="text"/>	Competition Licence No. <input style="width: 60px; height: 20px;" type="text"/> ASN Issuing Licence, e.g. MUK <input style="width: 60px; height: 20px;" type="text"/>

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:

Full Name of Parent or Guardian.....

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:
 NameRelationship

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ENTRY FEE PAYMENT: No Fee

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**.....