



Donington Park – 20th April 2019 ENTRY FORM

Empty rectangular box for additional information.

Car Details

Table with 2 columns and 4 rows for car details: Make, Model, Colour, Year, Cc, Transponder No, Championship Race Number.

Driver Details

All Drivers MUST be registered to race in the Porsche Club Championship and be a Member of the Porsche Club GB.

Table with 2 columns and 8 rows for driver details: Name, Competition Licence No, Address, Licence Grade, ASN Issuing Licence, Under 18?, Has driver competed at circuit before?, Postcode, Email, Mobile, Daytime No, Home No, Porsche Club Membership No.

or Entrant Details where relevant (Please delete as appropriate)

Table with 2 columns and 8 rows for entrant details: Name, Entrant Licence No, Address, Competition Licence No, Licence Grade, ASN Issuing Licence, Postcode, Email, Mobile, Daytime No, Home No.

Passes should be sent to:- DRIVER / CO-DRIVER / ENTRANT (please delete as appropriate)

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

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

- 1 I have read the General Regulations of the Motor Sports Association 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 who 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.

This entry form is not valid unless fully signed below by all relevant parties

Driver Signature:.....Date:.....

Co-Driver Signature:.....Date:.....

Entrant Signature:.....Date:.....

Any indemnity and or declaration prescribed above 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:

I am the Parent/Guardian/Guarantor of the driver. I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Section Z. I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

Parent/Guardian Full Name:	Relationship:
Address:	
Postcode:	Telephone:
Signature:	Date:

Person(s) to be informed in case of a serious accident: (This entry form is not valid unless this section is completed)

	Name	Relationship	Telephone
Driver:			

Races

Donington Park – Saturday 20th April (2 x 25 minute races)	£	
TOTAL DUE:		No Fee Payable

PAYMENT DETAILS:

Cheque: Please send a cheque made payable to **Porsche Club GB Motorsport** for the amount due to the address below or provide credit card details.

Credit or Debit Card: Charge £_____ to: (please select) Mastercard Visa Visa Debit Card

Card No.:

Expiry Date: / Security Code:

Cardholder Name:..... Signature:.....

Registered Card address including postcode:

.....

Please return this form to:

Porsche Club GB Motorsport Ltd, Cornbury House, Cotswold Business Village, Moreton in Marsh, Glos. GL56 0JQ

Telephone: 01608 652917

Email: motorsport@porscheclubgb.com