

TRACK ATTACK RACE CLUB 2020 RACE ENTRY

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Licence Grade Licence No ASN

Date of Birth Club Mem No Home Town

Phone: Home Work Mobile

Email Address

Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team

SECTION 2 – VEHICLE DETAILS

Car Number Make of Car

Type/Model cc

Transponder No Class Year

Sponsor Details

SECTION 3 – EVENT DETAILS

| Date | Venue | Entry Fee | Enter | Yes | Notes |
|--------------------------------|----------------|-----------|---------------|---|--------------------------------------|
| April 13 th (Mon) | Oulton Park | £350 | Tick to Enter | Is this your 1 st time racing at this circuit? | Bank holiday. Supporting British GT. |
| May 8 th (Fri) | Cadwell Park | £350 | | | Bank holiday. |
| June 14 th (Sun) | Mallory Park | £330 | | | |
| July 4 th (Sat) | Snetterton | £350 | | | Annual club BBQ. |
| August 1 st (Sat) | Castle Combe | £330 | | | |
| Sept. 12 th (Sat) | Brands Hatch | £350 | | | |
| October 24 th (Sat) | Donington Park | £350 | | | |

Name and Address of Relative to be Notified in the Event of a Serious Accident

Name Relationship Telephone

Address

1. I declare 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 motorsport 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. 2. 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 the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration issued a licence which permits me to do so. 4. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and address have been given. 5. If I am the parent/guardian/guarantor of the driver I understand that I 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.

Driver Signature Date

Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian Signature of Parent/Guardian

Full Address

Please email completed entry form to s.vince@trackattackraceclub.com or return to
Track Attack Race Club, 39 Gaddarn Reach, Neyland, Pembrokeshire SA73 1PW

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Continuation Sheet

Driver Name

Car No

SECTION 3 – PAYMENT DETAILS

Cheques to be made payable to: **Track Attack Race Club** or alternatively complete Debit/Credit Card details below

Card Type

Debit/Credit

Card No

Valid From

Expiry Date

Issue No (debit card only)

Security Code (last 3 digits on back)

Name on Card

Signature

NB – A surcharge of £4 will be added to the total payment if payment is made by credit card.

SECTION 4 – ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1st Driver will be nominated as the Entrant in accordance with MSA Regulation [C(a)3]

Entrant Name

Entrants Licence No

ASN

Representative Name

Entrant Address

Postcode

Phone: Home

Work

Mobile

Email Address

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Entrant Signature

Date

Age if Under 18

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

Name of Parent/Guardian

Signature of Parent/Guardian

Full Address

SECTION 5 – NOTES FOR COMPLETION

- Please ensure that all information is completed as if you do not do so your entry will not be accepted
- If submitting entry form electronically, please indicate signature by placing "X" in appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

SECTION 6 – FOR OFFICE USE ONLY

Date Received

Date Acknowledged

Entry Fee Paid

Date

Method of Payment

Amount Refunded

Date

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