

TEST DAY ENTRY FORM - THURSDAY 28TH JULY 2016

- DEDICATED TEST DAY FOR THE 2016 SILVERSTONE CLASSIC EVENT
- TESTING FROM 9.00AM TO 5.00PM IN CLASSES
- £325 PLUS VAT AT 20% (£390.00)
- OPEN ONLY TO COMPETITORS/RACE CARS REGISTERED FOR THE EVENT
- YOU MUST DISPLAY YOUR SETUP PASS IN YOUR VEHICLE TO GAIN ACCESS TO THE CIRCUIT ON TEST DAY, WHICH WILL BE ISSUED IN YOUR COMPETITOR PACK
- FOR 2 DRIVER RACES WHERE BOTH DRIVERS WILL BE TESTING PLEASE ENSURE THAT A SECOND FORM IS COMPLETED AND RETURNED, LESS PAYMENT.

RACE ENTERED:			
DRIVER DETAILS. Surname:		First Name:	
Address:			
Town:		Postcode:	
Country:			
Telephone:	Mobile:	Fax:	
Email:			
Race Licence No:		Grade:	
2nd Driver Details (if applicable). Surname:		First Name:	
CAR DETAILS. Make:		Model:	
Year:	Colour:	CC:	

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 that 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.
- 5 I confirm at the time of the event I hold a current and valid competition licence

SIGNATURES: This entry form is not valid unless the driver has signed below.

Driver:	Date:
Entrant:	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:

Driver under 18?	Yes	No	Entrant under 18?	Yes	No
Parent/Guardian Full Name:			Relationship:		
Address:			Postcode:		
Telephone:		Signature:	Date:		

Payment Details/Method. Please send a cheque for the amount due or fill in your Visa/Mastercard/Debit card information below.

Card Number:																				
Start Date:					Expiry Date:					Issue No:										
Name on card:													3 Digits on reverse:							

Please complete and return by Thursday 14th July to:
 Historic Sports Car Club Ltd., Silverstone Circuit, Silverstone, Nr.Towcester NN12 8TN.
 Telephone: 01327 858400, Fax: 01327 858500, Email: office@hsccl.org.uk
 VAT Registration Number 413 3854 67

Signed: