



2014 Race Meeting Entry Form (Please complete form in block capitals)

RACE MEETING DATE:	21 st April 2014
RACE(S) ENTERED:	Lancaster Insurance/ MGOC Championship – Entry fee £340
CLASS ENTERED:	

Driver Details

First Driver Name:

Email:

Gender: (please delete as appropriate) Male / Female

Date of birth: Day/Mth/Yr

Have you raced at the circuit before in its current format? YES / NO

Team/ Sponsor Name (if applicable)

Your Address Details (to send tickets)

Address Line 1:

Address Line 2:

Town/ City:

County/ State:

Postcode:

Country:

Day phone No. :

Mobile Phone No. :

Medical Information:

Blood Group (if known):

Next of Kin: Name:

Relationship:

Telephone No.:

Car Details

Marque/ Manufacturer:

Model:

Details:

Engine Capacity (CC):

Preferred Race number:

Transponder Number:

Racing Licence type:

Licence Number:

Country of issue:

Payment Details																					
No entry will be accepted unless accompanied by the correct entry fee.																					
All cheques are to be made payable to the Castle Combe Racing Club Ltd.																					
Payment methods																					
1. I enclose a cheque for the total of:																£					
2. Please debit my credit / debit card (please delete as appropriate) for the total of:																£					
(A handling fee of £4 will be added for credit card entries)																					
Card Number:																					
Start Date				/			Expiry Date				/			Issue No. Maestro only			3 digit security code				
																Signed					
I authorise my card to be debited for the total amount indicated above:																					

Declaration:

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. As 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. 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, 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 Part 3, Appendix 1 of the 2014 MSA Competitors & officials Yearbook.

Drivers Signatures		If completing this form electronically please place a cross in this box to confirm you have read & understood the declaration:		Date:
Entrants Signature		If completing this form electronically please place a cross in this box to confirm you have read & understood the declaration:		Date:

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

Parent/ Guardians Signature:		Date:	
Address:			
Contact Tel No.			