

# 2019 Sports 2000 Enduro Championship

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

## SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Licence Grade  Licence No  Issued by

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

		Enduro Entry Fees			Entering (please tick ✓)			
		Duratec	Pinto	Historic	Duratec	Pinto	Historic	Yes
April 26/27	Hockenheim	Euro 650 (30 min Quali and 3 x 30 min races)						<input type="checkbox"/>
July 21	Donington Park	£410 (50 min race with pit stop)						<input type="checkbox"/>
Aug 31/Sep1	Brands Hatch GP	£410 (50 min race with pit stop)						<input type="checkbox"/>

Is this your 1<sup>st</sup> time racing at this circuit?

### 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 event and the potential risk inherent with motorsport and agree to accept that risk. 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 any 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, which has, 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. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the MSA 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 and fines imposed upon me up to the maxima set out in Part 3, Appendix 1. 6. I hereby agree to abide by the MSA Child Protection Policy and Guidelines.

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

Please return completed Entry form to

Sports 2000 Racing Car Club, 12 Friars Lane, Beverley, HU17 0DF  
Or email to rogerdonnan@gmail.com

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Continuation Sheet

Driver Name

Car No

## SECTION 4 – PAYMENT DETAILS Please tick preferred payment option

- Cheque** to be made payable to: **SRCC**
- BACS Payment** to Barclays Bank - Sort Code 20-66-51, Account No. 60593923
- Debit/Credit Card** details below

Card Type  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 5 – 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 1<sup>st</sup> Driver will be nominated as the Entrant in accordance with MSA Regulation [H 1.3]

Entrant Name   
Entrants Licence No  ASN  Representative Name   
Entrant Address   
Postcode   
Phone: Home  Work  Mobile   
Email Address

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Entrant Signature  Date   
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Name of Parent/Guardian  Signature of Parent/Guardian   
Full Address

## SECTION 6 – 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. Entry fees paid on the day incur a £25 surcharge.

## SECTION 7 – FOR OFFICE USE ONLY

Date Received	<input type="text" value=""/>	
Date Acknowledged	<input type="text" value=""/>	
Entry Fee Paid	<input type="text" value=""/>	Date <input type="text" value=""/>
Method of Payment	<input type="text" value=""/>	
Amount Refunded	<input type="text" value=""/>	Date <input type="text" value=""/>

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