

2009 BRSCC LMA Euro Saloon & Sportscar Championship

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

		Entry Fee	Entering	Yes	Notes
April 4/5	Anglesey	£340	Tick to Enter	Is this your 1 st time racing at this circuit?	
May 4	Castle Combe	£200			
June 6/7	Donington	£340			
June 27/28	Silverstone	£315			
July 18/19	Rockingham	£200			
August 15/16	Brands Hatch	£340			
September 12	Oulton Park	£200			
October 3/4	Lydden Hill	£200			
October 24/25	Snetterton	£200			

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 return completed Entry form to

BRSCC, Homesdale Business Centre, Platt Industrial Estate, Maidstone Road, Borough Green Kent TN15 8JL Fax (01732) 885783

