

SEMSEC SALOONS & SPORTS CHAMPIONSHIP RACE ENTRY

BRANDS HATCH (Indy) CIRCUIT

Meeting organised by

MotorSport Vision Racing

Sunday 28th March 2010

OFFICIAL ENTRY FORM



ENTRY CLOSING DATE: 17th March 2010

(LATE ENTRY SURCHARGE OF £15 DUE FOR ALL ENTRIES RECEIVED AFTER THE STANDARD ENTRY CLOSING DATE).

Return to: **Entries Secretary, SEMSEC, Greenfields, 16 Saxonbury Close, Crowborough, East Sussex, TN6 1EA (01892 652509)**

DRIVERS NAME:		MSA Licence No.	
DRIVERS ADDRESS:			
POST CODE:		Email Address:	
TELEPHONE Nos.(Day):		(Eve):	CLUB:
ENTRANT DETAILS (if not the driver):			
ENTRANTS NAME & ADDRESS:			MSA LICENCE No.:
ADDRESS TO WHICH PASSES SHOULD BE SENT IF DIFFERENT TO ABOVE			
CAR DETAILS:			
MAKE:		MODEL:	
ENGINE/TUNER:		CC:	Forced Induction? YES/NO* (if YES state type)
REGULAR COMPETITION NUMBER:	CLASS ENTERED:	Transponder Number:	

FEE ENCLOSED = Race Entry Fee

£295.00

TOTAL

£295.00

PLEASE SUBMIT THIS ENTRY FORM TOGETHER WITH THE APPROPRIATE FEE (Cheques payable to SEMSEC) to:

Entries Secretary, SEMSEC, Greenfields, 16 Saxonbury Close, Crowborough, East Sussex, TN6 1EA

FOR OFFICIAL USE ONLY:

Date received:

Date acknowledged:

Total received: £

Name on Cheque/cash/other:

Held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA), these Supplementary Regulations and any written instructions that the organising club may issue for the event.

GENERAL DECLARATION - FOR COMPLETION BY ALL ENTRANTS AND DRIVERS

I declare that 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 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 competition and the potential risk inherent with motor sport and agree to accept that risk. Further I understand that all persons having connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

DECLARATION TO BE COMPLETED BY ENTRANTS:

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.

Signed: Date: State your age if under 18:

DECLARATION TO BE COMPLETED BY DRIVERS:

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. 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.

Signed: Date: State your age if you are under 18:

PARENT or GUARDIAN:

If I am the Parent/Guardian/Guarantor of the drive 'I confirm understand that I shall 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 (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 alterations thereto). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3 Appendix 1.

The ENTRANT/DRIVER (delete as necessary) is under 18 years of age and this entry is made with my consent.

NAME OF PARENT/GUARDIAN

ADDRESS:

.....

RELATIONSHIP TO THE ENTRANT/DRIVER: SIGNED:

ALL DRIVERS - IN CASE OF ACCIDENT

Name, address and telephone number of a relative or friend to be contacted in the case of a serious accident.

Full Name:

Address:

Telephone Number(s):