

Date: (Internal use only)

Fee:

(Internal

## Petro-Canada Lubricants Porsche Club Championship with Pirelli

6<sup>th</sup> September 2020 - Brands Hatch Indy



Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International

Sporting Code of the FIA) and the Supplementary Regulations
ENTRY FORM TO BE COMPLETED IN BLOCK CAPITALS

The additional point for prompt entry is awarded up to: 21st August 2020

**ENTRIES OPEN: On Publication** 

Entering this race meeting entitles you to free membership of MSVR

Please send completed form to: Porsche Club Motorsport, Cornbury House, Cotswold Business Village, Moreton in Marsh. Glos. GL56 0JQ

use only)	Line	ring and race modering on	and you to not mornisoromp or mover	Moreton in Marsh, Glos. GLob UJQ
Name of Driver (CAF	PITAL LETTERS):	ENTRY FEE	GENERAL DECLARATION FOR COMI I hereby make application to participate in the circuit on the dates specified. I certify that the pare correct.	National B Race Meeting(s) to be held at this
Nationality of Driver:				
IS AN ENTRANTS LICENCE HELD IN THIS NAME? YES / NO (Delete as applicable)			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 that I am physically and mentally fit to take part in the event and I	
Address (for Correspondence)				
,			am competent to do so. I acknowledge that I ur competition and the potential risk inherent with	
			Further, I understand that all persons having ar	ny connection with the promotion and/or
Postcode			organisation and/or conduct of the event are in their negligence.	sured against loss or injury caused through
Telephone No			I understand that should I at the time of this even	ent he suffering from any disability whether
Email Address			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.	
Entrant/Team/Sponsor				
Particulars of Entry:				
Porsche Club Championship (1 x 20 minute qualifying and 2 x 25 minute races)			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.	
(2 × 20ate quant,g and 2 × 20ate (acce)			reached.	
Make/Model	PORSCHE		PLEASE ENSURE THAT THIS I	FORM IS SIGNED AND DATED
			Signature of	Competition Licence No.
Colour			<b>Driver</b> (If other than	ASN Issuing
			entrant):	Licence, e.g. MSA
Transponder Number				Competition
			Signature of Entrant or	Licence No.
Year of Manufacture			nominated representative:	ASN Issuing
Cubic Capacity				Licence, e.g. MSA
cable capacity			Date	
Championship Number		<b>IMPORTANT</b> : Any indemnity and/or declaration as prescribed by the paragraphs above that is signed by a person <b>under the age of 18</b> shall be countersigned by that person's parents or guardian, whose full name and address shall be given below:		
			Full Name of Parent or Guardian	
Have you raced at this circuit before? <b>Yes / No</b>			RelationshipSignature	
STATE YOUR AGE IF UNDER 18 (years old)			TO BE COMPLETED BY ALL COMPETITORS In case of accident please contact the following:	
Permanent Residential Address of Driver (If different from above):			Name Relationship	
Petro-Canada Lubricants Porsche Club Championship with Pirelli – 6 <sup>th</sup> September 2020, Brands Hatch Indy				
ENTRY FEE PAYMENT: £600				
By credit/debit card - Please complete the section below in full. Please note - CHEQUES ARE ACCEPTED  I wish to pay by Visa / Delta / MasterCard: I authorise you to debit my account with the amount of £600				
Card Number:				
Start Date: (If shown): Maestro/Switch cards Expiry Date: Name: (as on card)				
Signature				
Postcode: Telephone.				
				-F