

Date: (Internal use only)

Fee:

(Internal

use only)

Petro-Canada Lubricants Porsche Club Championship with Pirelli

2nd May 2020 - Brands Hatch GP



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: 17th April 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

| Name of Driver (CAPITAL LETTERS): | ENTRY FEE | GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS I hereby make application to participate in the National B Race Meeting(s) to be held at this circuit on the dates specified. I certify that the particulars of my entry and my vehicle as given |
|---|-----------|--|
| Nationality of Driver: | £580 | are correct. |
| 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 |
| Address (for Correspondence) | | 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 motor sport 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 |
| Telephone No. | | their negligence. |
| Email Address. | | 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. |
| Entrant/Team/Sponsor | | |
| Particulars of Entry: | | |
| | | I declare that to the best of my belief the driver(s) possess(es) the standard of competence |
| Porsche Club Championship inc. Boxster Cup | | 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 |
| (1 x 20 minute qualifying and 2 x 25 minute races) | | |
| Make/Model PORSCHE | | PLEASE ENSURE THAT THIS FORM IS SIGNED AND DATED |
| | | Signature of Driver Competition Licence No. |
| Colour | | (If other than entrant): ASN Issuing Licence, e.g. MSA |
| Transponder Number | | Competition |
| Year of Manufacture | | Signature of Entrant or nominated |
| | | representative: ASN Issuing Licence, e.g. MSA |
| Cubic Capacity | | Date |
| Championship Number | | IMPORTANT : Any indemnity and/or declaration as prescribed by the paragraphs above that is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name and address shall be given below: |
| Have you raced at this circuit before? Yes / No | | Full Name of Parent or Guardian |
| STATE YOUR AGE IF UNDER 18 (years old) | | RelationshipSignature |
| | | TO BE COMPLETED BY ALL COMPETITORS In case of accident please contact the following: |
| | | Name Relationshin |
| Petro-Canada Lubricants Porsche Club Championship with Pirelli – 2 nd May 2020, Brands Hatch GP | | |
| ENTRY FEE PAYMENT: £580 | | |
| By credit/debit card - Please complete the section below in full. Please note - <u>CHEQUES ARE ACCEPTED</u> I wish to pay by Visa / Delta / MasterCard: I authorise you to debit my account with the amount of £580 | | |
| Card Number: | | |
| Start Date: (If shown): Maestro/Switch cards Expiry Date: Name: (as on card) | | |
| Signature | | |
| Postcode: Telephone. | | |