MSVR MOTORSPORT VISION RACING

Saturday 27th July - Snetterton 300



Date: (Internal use only)

use only)

Held under the General Regulations of Motorsport UK (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations ENTRY FORM TO BE COMPLETED IN BLOCK CAPITALS

A separate entry form is required for each car

ENTRIES: addition point for entries prior to – Friday 12th July 2019

Entering this race meeting entitles you to free membership of MSVR

Send the completed entry to:
Porsche Club Motorsport
Cornbury House, Cotswold Bus. Village
Moreton in Marsh, Glos. GL56 0JQ
Email: motorsport@porscheclubgb.com

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	
	No Fee	circuit on the dates specified. I certify that the particulars of my entry and my vehicle as given are correct.	
Nationality of Driver:	No rec		
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 Motorsport UK 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	
Postcode		organisation and/or conduct of the event are insured against loss or injury caused through their negligence.	
Telephone No			
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	
Entrant/Team/Sponsor		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.	
Particulars of Entry:			
Classic Restoracing Championship		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.	
Make/Model		PLEASE ENSURE THAT THIS FORM IS SIGNED AND DATED	
		Signature of Competition	
Colour		Driver (If other than ASN Issuing	
		entrant): Licence, e.g. MUK	
Transponder Number		Competition	
Year of Manufacture		Signature of Licence No.	
		nominated representative: ASN Issuing Licence, e.g. MUK	
Cubic Capacity		Date	
Preferred Car 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 quardian, whose full name and address shall be given below:	
Have you raced at this circuit before? Yes / No		Full Name of Parent or Guardian.	
	ald)	RelationshipSignature	
STATE YOUR AGE IF UNDER 18 (year	's old)	TO BE COMPLETED BY ALL COMPETITORS	
		In case of accident please contact the following:	
Permanent Residential Address of Driver (If different from above): NameRelationship			
Saturday 27 th July - Snetterton 300 ENTRY FEE PAYMENT: No Fee			
By credit/debit card - Please complete the section below <i>in full</i> . Please note - <u>CHEQUES ARE NOT ACCEPTED</u> I wish to pay by Visa / Delta / MasterCard: I authorise you to debit my account with the amount of £			
Card Number:			
Start Date: (If shown): Maestro/Switch cards Expiry Date: Name: (as on card)			
SignatureCard Holder's Address			
Postcode:		Telephone	