



# Race Entry Form

## Classic & Modern Motorsport Day

### Lydden Hill, Saturday November 14th 2020

MSA Permit No. \*\*\*\*\* (Interclub)  
The meeting will be held under the general regulations of Motorsport UK (incorporating the provisions of the sporting code of the FIA), the event supplementary regulations, and any written instruction that the organising Club may issue for the event. This event is NCAFP inscribed

Office Use No.

Date rec.

Fee

Acknowl.

Forms to be returned to - Richard Culverhouse, 97 Heather Shaw, Trowbridge, Wilts. BA14 7JT  
email - ukmotorsport@aol.com OR Fax 01225 775705.

## 1. Race Closing date for entries - Wednesday November 4th 2020 (late entries can be accepted up to Monday November 9th at extra £30)

Race	Duration	Date	Cost BEFORE closing date	X to enter
Modified Ford Series	2 x 15 laps	Saturday November 14th	Please enter via Series	Organiser
CMMCS Amusetime Southern Tin Tops Series	2 x 15 laps	Saturday November 14th	Please enter via	CMMCS
CMMCS BMR/Caesar Electrical Super Saloon Series	2 x 15 laps	Saturday November 14th	Please enter via	CMMCS
CMMCS Intermarque Silhouette Series	2 x 15 laps	Saturday November 14th	Please enter via	CMMCS
CMMC Classic Challenge	2 x 15 laps	Saturday November 14th	£250	

Have you raced at Lydden Hill Circuit before?

Y / N

Total Price = £

## 2. Driver Details SEPARATE FORM REQUIRED FOR EACH CAR AND EACH DRIVER

Driver Name

Email address

Driver Address

Postcode:

Mobile Phone  
Number

Daytime  
Number

Are you taking any medication that the Chief Medical Officer should be aware of? Y / N

If yes, list medication details

Competition Licence No.

Grade

ASN (Licence Issuing Authority  
e.g UK = MS UK)

Please note that competitors holding a licence not issued by Motorsport UK can only participate with written authorisation from their ASN (article 18 FIA International Sporting Code).

Member of which club e.g CMMC

Membership number

Friend or relative to be notified in the event of a serious accident:

Name

Relationship e.g friend

Contact no.

Address

Postcode:

### 3. Vehicle Details

Make of Car		Model/Type		Engine CC	
Colour		Transponder No.		Year	
		Class		Race number	
Sponsors name (to appear in programme)					

### 4. Entrant Details (only applicable if you have a valid Entrants licence issued by your ASN, usually for teams)

Entrants licence no.		ASN		Representative	
Entrants name		Email address			
Entrants Address					
	Postcode:				
Entrants mobile phone number		Entrants landline phone number			
Entrants signature		Date			

### 5. Driver under 18

Any indemnity and/or declaration as prescribed by the paragraphs below, if signed by a person under the age of 18 years, must be countersigned by the person's parent or Guardian, whose full name and address must be given.

Age if under 18		Name of parent or guardian			
Parent or guardian Address					
	Postcode:				
Signature of parent or guardian					

#### General declaration for all competitors and entrants

I hereby make application to participate in the Race Meeting to be held at Lydden Hill Circuit on November 14th 2020

I certify that particulars of my car as given are correct.

I declare that I have been given the opportunity to read the General Regulations of Motorsport UK 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 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 their negligence.

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 speeds which will be reached.

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 relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

### 6. Signature

Confirms you agree with the statement above

Driver signature		Date	
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### 7. Payment

No entry will be accepted unless accompanied by the correct entry fee.

I enclose a cheque/postal order/cash payable to Classic and Modern Motorsport Club

Refunds payable to -

Or please debit my Visa Debit		Mastercard		Visa Credit	
Full card number					
3 digit security number		Valid from date	/	Expiry date	/
				Issue No.	

**For your security: If returning this form as an email attachment please phone your card details to us or fax form (01225 775705)**

**Payment can also be made by BACS stating your name as reference to CMMC, sort code: 09-01-29 account 28494760**