

Spa Six Hours

Spa Belgium 27th-29th September 2019

ENTRY FORM

Entries Open Monday 15th July 2019 Entries Close Friday 6th September 2019

Name & Address:			

Home:
Work:
Fax:
Mobile:
Email:
Licence No:
Grade:
Under 18:

	Entry Fee	Tick
HSCC Closed Wheel race inc 70s Road Sports Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
HSCC Closed Wheel Race inc Historic Road Sports Champ round Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
HSCC Closed Wheel Race inc Guards Trophy Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
HSCC Closed Wheel Race inc Historic Touring Cars Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
HSCC Closed Wheel Race inco Dunlop Saloon Car Cup Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
HSCC Closed Wheel Race inc Thundersports Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
HSCC Closed Wheel Race incl Other Closed Wheel cars Fri Qual 30 mins Sat Race 1 Sun Race 2 - both races are 30 mins each	£750	
Jaguar Classic Challenge Sat Qual 30mins Sun Pit Stop Race 61 mins	£950	

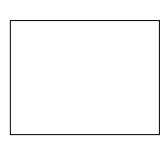
NB: This may not be the order in which races will run - see Final Instructions

CAR DETAILS

Race Entered:	Make:	Year Manufactured:
Class:	Model:	Competition Number:
VIF:	Engine Capacity:	Transponder Number:
HTP:	Colour:	-

To compete in an HSCC Championship race you must be an HSCC MemberThis entry form should be read in conjunction with the HSCC Standard Race Regulations issued on 4tht January 2019Available from the HSCC office or www.hscc.org.uk.Historic Sports Car Club Ltd, Silverstone, TOWCESTER, NN12 8TNTel: 01327-858400Fax: 01327-858500

The General Declaration and Payment Details sections overleaf MUST be completed by all Competitors PRIOR to submission. The Meeting will be held under the General Regulations of the Motor Sports Association, (incorporating the provisions of the International Sporting Code of the FIA), and any written instructions that the organising Club may issue for the event.



-	econd Driver or Entrant if different from above)	Person to be contacted in event of a serious accident *MUST BE COMPLETED*					
Name		Name					
Licence No.		Relationship					
Address		Address					
Post Code		Post Code					
Telephone		Telephone					

Has Driver competed at this circuit before? YES / NO. **Please delete as appropriate

GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

- 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 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. I understand that motorsport can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks (M.UK Yearbook D13.1).
- 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.
- 3. 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.'
- 4. 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.' (H.10.1.6).

Any indemnity and or declaration prescribed which is signed by a person **who has not reached his or her 18th birthday** must be countersigned by that person's parent or guardian:

> Driver under 18? Yes/No Entrant under 18? Yes/No

Parent/Guardian Full Name	
Relationship	
Address	
Post Code	
Telephone	
Signature	

SIGNATURES: This entry form is not valid unless signed below.

Driver	Date:
Entrant:	Date:

PAYMENT DETAILS / METHOD

Please send a cheque for the amount due or fill in your Visa / Mastercard / Debit card information below

Total due: £.....

(Less £50 for each additional Race entered)

Payment will be taken on or after the closing date for entries.

This entry form will be processed on receipt at HSCC and the slip below will be detached and destroyed, card details will be stored securely by SagePay Ltd, our payment provider, until payment is due. No card details are retained at HSCC.

Card Number:												
Start Date:			Ex	piry D	ate:				lss	ue No):	
Name on Card:							3 di	gits o	n reve	erse		