

Race	Number
Nace	NUTIDO

Class

Spa Francorchamps 1st and 2nd October 2011 - Entry Form

SECTION I - IVIF	AIN DRIVER DETAILS					
Driver Name						
Driver Address						
Licence Grade	Licence No	ASN				
Date of Birth		Home Town				
Home Tel	Work Tel	Mobile				
Email Address						
Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team						

SECTION 2 – SECOND DRIVER DETAILS

Driver Name				
Driver Address				
Licence Grade	Licence No ASN			
Date of Birth	Home Town			
Home	Work Tel Mobile			
Email Address				
Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team				

SECTION 3 – VEHICLE DETAILS CC Make Model BHP Year Colour **Usual Championship** Class Weight Slick/semi-slick/1B/1A/other Please select 2 UK Circuits for sample lap times Tyres Tyre Make **Usual Race Number** Circuit 1 Best Lap Time Circuit 2 Transponder Best Lap Time



SECTION 4 – EMERGENCY					
Driver 1	Name and Address of Relative to be No	otified in the Event o	of a Serious Accide	nt	
Name	Relationship		Telephone		
Address					
Driver 2					
Name	Relationship		Telephone		
Address					
SECTION 5 - DECLARATIO	N				
by them. I declare that I am physically a potential risk inherent with motorsport person, persons, or body as may be auth from and against all actions, claims, cos this event, and notwithstanding that the best of my belief the driver(s) posses(e: the event having regard to the course a temporary which is likely to affect preju issued a licence which permits me to parent/guardian/guarantor, whose full r	tunity to read the General Regulations of the Motor Sp and mentally fit to take part in the event and I am comp and agree to accept that risk. I agree to save harmless horised by Race & Rally Organisation / Matrius Ltd, to p sts, expenses and demands in respect of death or injury e same may have been contributed to or occasioned by s) the standard of competence necessary for an event of and the speeds which will be reached. 3. I understand udicially my normal control of the vehicle, I may not ta b do so. 4. Any application form for a licence which names and address have been given. 5. If I am the par- supplementary Regulations issued for this event and the	etent to do so. I acknowledg and to keep indemnified The romote or organise this even to myself howsoever caused the negligence of the said bo of the type to which this entry to that should I at the time of ake part unless I have declard h was signed by a person ent/guardian/guarantor of th	ge that I understand the na e MSA Ltd, Race & Rally O nt and their respective offic d arising out of or in conne odies, or their officials, ser y relates and that the vehic f this event be suffering fr ed such disability to the A under the age of 18 yea the driver I understand that	ture and type of the competition and the rganisation and Matrius Ltd and any suc- cials, servants, representatives and agent action with this entry or my taking part i vants, representatives or agents 2. To the cle entered is suitable and roadworthy for orm any disability whether permanent or SN, who have, following such declaration ars was countersigned by that person	e h is n e or or s
	ny indemnity and/or declaration as describ	bed by the paragraphs		d by a person under the age of	
Age if Under 18	18 shall be countersigned by that p				
Name of Parent/Guardian		Signature of Paren	t/Guardian		
Full Address					
Driver 2 Signature			Date		
Age if Under 18	ny indemnity and/or declaration as describ 18 shall be countersigned by that p				
Name of Parent/Guardian		Signature of Paren	t/Guardian		
Full Address					
SECTION 6 – PAYMENT D	ETAILS				
 Payable to : Matriu Competitors are re Entry Fee will not b 	er car (1 or 2 drivers). us Ltd, 328 Hurcott Road, Kidderminste minded that any entry not accompani pe processed until Entry Is confirmed.			try.	
SECTION 7 – NOTES FOR (
	all information is completed as if you form electronically, please indicate sig	5	•	•	
SECTION 8 – FOR OFFICE	USE ONLY				
Date Received					
Date Acknowledged					
Entry Fee Paid		Date			
CIRCUIT DE SPA FRANCORCHAMPS	Matrius Itd : 328 Hurcott Road Kidderminst	er DY10 2QX. 07976 7320	126 [-7.	STICKL	