Historic Formula 2

Entry Form

RMU classic

Spa Francorchamps

Friday April 24th – Sunday 26th 2009

HF2

Name:_____
Address 1:_____
Address 2:_____
Address 3: _____
Town:_____
Post Code:_____
Country:_____

Telephone Numbers:_____
Home: _____
Work: _____
Fax: _____
Mobile: _____
e-mail address: _____
Licence Number:_____ Grade:____

Provisional Timetable

Friday 24th April 13.00 HF2 Driver Briefing
Friday 24th April 13.50 0 14.15 Qualifying (25 Minutes)
Saturday 25th April 11.30 – 12.00 Race 1 (25 Minutes)
Saturday 25th April 16.20 – 16.50 Race 2 (25 Minutes)

ENTRANT'S DETAILS (If different from driver)

NAME:	ADDRESS:	
		POST CODE:
Telephone Number:	Fax Number:	Entrant's Licence Number:

Address for Tickets/Passes etc: Entrant or Driver

CAR DETAILS

Race Entered: HF2 Class:_____ **Car**: Make:_____ Model:_____Manufactured:_____

Engine Capacity:_____ Colour:_____ **VIF's**: HSCC: Yes/No FIA: Yes/No **Competition Number:**

Transponder No

This form has been part completed from data held our files. Please check its accuracy and overwrite any errors.

Details of person to be informed in the event of a serious accident:
This entry form is not valid unless this section is filled in.

NAME:	Phone number:

Entry Fee due: 700 Euros (Sterling equivalent to be taken) Entries Close Wednesday 8th April 2009

PAYMENT DETAILS
Mastercard Visa Switch

Card number

Security number (last 3 digits on reverse of card) Expiry date Start date Issue no.

Signed:

HSCC

Please return this entry form to:

HISTORIC SPORTS CAR CLUB Ltd. SILVERSTONE CIRCUIT, TOWCESTER. NORTHANTS. NN12 8TN. ENGLAND - Tel: 01327-858400 Fax: 01327-858500