HF2

Entry Form

Spa Rmu Classic
Friday May 21st – Sunday May 23rd 2010

Name:_____
Address _____
_____
_____
Town:_____
Post Code:_____
Country:_____

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

Provisional Timetable

Friday 21st May: from 08.00 to 20.00 Sign on and Scrutineering
Friday 21st May: 13.15 Drivers Briefing
Friday 21st May: 14.45 Practice/Qualifying 25 Minutes
Saturday 22nd May: 11.20 Race 1 25 Minutes
Saturday 22nd May: 17.00 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: 750 Euros (Sterling equivalent to be taken) Entries Close Wednesday 5th May 2010

PAYMENT DETAILS
Mastercard Visa Switch

Card number | | | | | | | | | | | | | | | | | | | | |

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

Signed:

Please return this entry form to:

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