



## Test Day Entry Form Thursday 22nd July 2010

- Dedicated Test day for the 2010 Silverstone Classic Event.
- Testing from 9.00am to 12.00pm and 1.00pm to 5.00pm in classes
- £200 plus VAT at 17.5% (£235.00)
- Open only to Competitors/Race Cars Registered for the Event

### Race Entered:

### Driver Details

Surname:

First Name:

Address

Town

Post Code

Country:

Telephone:

Mobile:

Fax:

E-Mail:

Race Licence No.

Grade:

### Car Details

Make:

Model:

Year:

Colour

c.c.

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

1 I have read the General Regulations of the Motor Sports Association and 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 have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.

2 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 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.

### SIGNATURES: This entry form is not valid unless the driver has signed below.

Driver	Date:
Entrant:	Date:

Any indemnity and or declaration prescribed above 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:			
Postcode:		Telephone:	
Signature:		Date:	

### Payment Details/Method

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

Card Number:																			
Start Date:					Expiry Date:					Issue No.									
Name on Card:											3 Digits on Reverse								

Signed:

.....

**Please complete and return to:**

**Historic Sports Car Club Ltd., Silverstone Circuit, Silverstone, Nr.Towcester NN12 8TN.**

**Telephone: 01327 858400, Fax: 01327 858500, E-Mail:office@hsccl.org.uk**

**VAT Registration Number 413 3854 67**