



## Classic Sports Car Club Race Entry Form Snetterton - Tiedeman Trophy 18th October 2014

MSA Permit No. TBA

The meeting will be held under the general regulations of the Motor Sports Association (incorporating the provisions of the sporting code of the FIA) and these supplementary regulations.

| Office Use | No. |  |
|------------|-----|--|
| Date rec.  |     |  |
| Fee        |     |  |

Acknowl.

Form to be returned to: Tony Cotton, Monoposto Racing Club, 55 Yew Tree Lane, Wergs, Wolverhampton, WV6 8UQ Email MonopostoRC@outlook.com Tel 07795 601999 Fax 01922 648021

Please note that email is not a secure way of sending card details Closing date for entries - Wednesday 1 October 2014

## 1. Race

| Race                 | Duration | Date                | Cost before closing date | X to enter |
|----------------------|----------|---------------------|--------------------------|------------|
| Tiedeman Trophy Race | 2x15min  | Sat 18 October 2014 | £240                     |            |

I apply to Register for the 2014 Tiedeman Trophy Mono Championship - add £20:

(Registration includes Membership of the Monoposto Racing Club until 31 Dec 2014. You do not need to pay for Tiedeman Trophy Registration if you are **already** a full Monoposto Racing Club member in 2014)

| 2. Driver I            | <b>Details</b>  | SEPARATE FORM REQ              | UIRED FOR <u>EAC</u>     | H CAR A         | AND <u>EACH DRIVER</u>                               |
|------------------------|-----------------|--------------------------------|--------------------------|-----------------|--|
| Driver Name            |                 |                                | Email add                | ress            |  |
| Driver Address         |                 |                                |                          |                 |  |
| Mobile Phone<br>Number |                 |                                |                          | Daytin<br>Numbe |  |
| Are you taking         | any medication  | on that the Chief Medical C    | Officer should be awa    | re of?          | Y/N  |
| If yes, please pr      | ovide medica    | tion details                   |                          |                 |  |
| Competition Lie        | cence No.       |                                |                          |                 | Grade  |
| ASN (Licence I         | ssuing Autho    | rity eg UK = MSA)              |                          |                 |  |
| This event is NOT      | NEAFP inscribe  | d. If you do not hold an MSA U | K licence please contact | Tony Cotton     | ı before entering.                                   |
| I confirm that I       | am a member     | r of Monoposto Racing Clu      | ıb Y/N (Gues             | t membersh      | ip is available for this event, contact Simon Davey) |
| Friend or relative     | ve to be notifi | ed in the event of a serious   | accident:                |                 |  |
| Name                   |                 | Relationship e.g               | friend                   |                 | Contact no.  |
| Address                |                 |                                |                          |                 |  |
|                        |                 |                                |                          |                 | Postcode:  |
|                        |                 |                                |                          |                 |  |

| 3. Vehicle Deta   | ails                     |                       |                                 |                                 |  |
|---|--------------------------|-----------------------|---------------------------------|---------------------------------|--|
| Make of Car   |                          |                       | Model/Type                      |                                 | Engine CC  |
|   |                          |                       |                                 |                                 |  |
| Colour  | Transpon                 | ider No.              | Year                            | Mono Class                      | Race number  |
| Sponsors name (to ap  | pear in programm         | ie)                   |                                 |                                 |  |
|   | _                        |                       |                                 |                                 |  |
| 4. Entrant Det Entrant's licence no.  | ails (only application   | able if you have      | a valid Entrants licence<br>ASN | e issued by your ASN,           |  |
| Entrant's licence no.   |                          |                       | ASN                             | Repre                           | sentative  |
| Entrant's name  |                          |                       | Email a                         | ldress                          |  |
| Entrant's Address   |                          |                       |                                 |                                 |  |
| Postcode:   |                          |                       |                                 |                                 |  |
|   |                          |                       |                                 |                                 |  |
| Entrant's mobile phone number   |                          |                       | Entrant's<br>phone n            | s landline<br>umber             |  |
|   |                          |                       |                                 |                                 |  |
| Entrant's signature   |                          |                       |                                 | Date                            |  |
| 5 Duizou undo   | 10 Any indemn            | nity and/or declara   | ation as prescribed by the      | paragraphs below, if sign       | ed by a person under the age of 18 years,  |
|   | must be cou              | ntersigned by the     | person's parent or Guard        | ian, whose full name and        | address must be given.   |
| Age if under 18   |                          | Name of pa            | rent or guardian                |                                 |  |
| Parent or guardian  |                          |                       |                                 |                                 |  |
| Address   |                          |                       |                                 |                                 |  |
| Signature of parent   |                          |                       |                                 |                                 |  |
| or guardian   |                          |                       |                                 |                                 |  |
|   |                          | General               | declaration for all competit    | ors and entrants                |  |
|   |                          |                       |                                 |                                 | y that particulars of my car as given are correct.<br>, the Supplementary Regulations for this event |
| nature and type of the cor  | npetition and the poten  | tial risk inherent w  | ith motor sport and agree to    | accept that risk. Further I un- | to do so. I acknowledge that I understand the derstand that all persons having any                   |
| I declare that to the best of   | of my belief the driver( | s) possess(es) the st |                                 |                                 | igh their negligence. to which this entry relates and that the vehicle                               |
| I understand that should I  | at the time of this eve  | nt be suffering fron  | n any disability whether peri   | nanent or temporary which i     | s likely to affect prejudicially my normal con-<br>on, issued a licence which permits me to do so.   |
| < 0.4   |                          |                       |                                 | om an ASN specified medica      | al examination within the specified period.  |
| 6. <b>Signature</b> C   | onfirms you agree        | with the staten       | ient above                      |                                 |  |
| Driver signature  |                          |                       |                                 | Date                            |  |
|   |                          |                       |                                 | Dute                            |  |
| 7. Payment No   | entry will be acce       | pted unless acco      | ompanied by the correc          | t entry fee.                    |  |
| I enclose a cheque/po   | ostal order/cash pa      | yable to Monop        | osto Racing Club. Ref           | unds payable to -               |  |
| Or please debit my ca   | · ·                      | • •                   | Credit+ 3%                      |                                 |  |
| Note Credit Card payment incurs a 3% surcharge. Debit card payment has no surcharge). |                          |                       |                                 |                                 |  |
| Full card number  |                          |                       |                                 |                                 |  |
| 3 digit security numb   | er \                     | /alid to date         | 1                               | /                               | Issue No.  |