MSVR Monoposto 200

19 March 2016 – Snetterton 200

Date: (Internal use only)

Fee: (Internal use only)

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations

ENTRY FORM TO BE COMPLETED IN BLOCK CAPITALS

A separate entry form is required for each car

ENTRIES OPEN: On Publication

Entering this race meeting entitles you to free membership of MSVR

Please send the completed entry form to Joe East at MSVR – details at the bottom of this form

Entrant/Team/Sponsor.....

Address (for Correspondence).....

.....

.....Postcode.....

Telephone No. (Day).....Fax.....

Email Address **(Mandatory)**.....

IS AN ENTRANTS LICENCE HELD IN THIS NAME? **YES / NO**
(Delete as applicable)

Name of Driver (CAPITAL LETTERS):

.....

Nationality of Driver: .....

ENTRY FEE

£275

Particulars of Entry:

MSVR Monoposto 200

(1 x 20 minute qualifying and 2 x 20 minute races)

Make/Model

Colour

Transponder Number

Year of Manufacture

Engine Make & Type

Cubic Capacity

Preferred Car Number

Have you raced at this circuit before? **Yes / No**

Permanent Residential Address of Driver:

.....

.....

..... Postcode: .....

GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS

I hereby make application to participate in the National B Race Meeting(s) to be held at this circuit on the dates specified. I certify that the particulars of my entry and my vehicle as given are correct.

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, 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 having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

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.
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.

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.

STATE YOUR AGE IF UNDER 18 (.....years old)

Signature of **Entrant** or **nominated representative**:

Competition Licence No.

ASN Issuing Licence, e.g. MSA

Signature of **Driver** (If other than entrant):

Competition Licence No.

ASN Issuing Licence, e.g. MSA

Date.....

IMPORTANT: Any indemnity and/or declaration as prescribed by the paragraphs above that is signed by a person **under the age of 18** shall be countersigned by that person's parents or guardian, whose full name and address shall be given below:

Full Name of Parent or Guardian.....

Relationship.....Signature.....

TO BE COMPLETED BY ALL COMPETITORS

In case of accident please contact the following:

Name .....Relationship .....

Address .....

.....Postcode .....

Telephone (Mobile).....

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ENTRY FEE PAYMENT: £275

By credit/debit card - Please complete the section below ***in full***. **Please note – CHEQUES ARE NOT ACCEPTED**
I wish to pay by Visa / Delta / MasterCard: I authorise you to debit my account with the amount of **£275**

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Security Code:** ☐☐☐

Issue Number if applicable: ☐

Start Date: (If shown): Maestro/Switch cards ☐☐☐☐ **Expiry Date:** ☐☐☐☐ **Name: (as on card)** .....

Signature..... **Card Holder's Address** .....

..... **Postcode:** ..... **Telephone**.....

DEFACED, INCOMPLETE OR AMENDED ENTRY FORMS ARE INVALID

Organised by MotorSport Vision Racing, Brands Hatch Circuit, Fawkham, Longfield, Kent DA3 8NG Tel: + (0) 1474 875318 Fax: + (0) 1474 874766 E-mail: joe.east@msv.com