



Race Entry Form

CMMCS Tin Tops/Super Saloons

Thruxton, Saturday July 29th 2023

MS UK Permit No. TBA

The meeting will be held under the general regulations of Motorsport UK (incorporating the provisions of the sporting code of the FIA), the event supplementary regulations, and any written instruction that the organising Club may issue for the event. This event is NCAFP inscribed

Office Use No.

Date rec.

Fee

Acknowl.

To be returned to - WRDA, 50 Trallwn Road, Swansea SA7 9XA
email - wrda@ntlworld.com

1. Race Closing date for entries - Friday July 14th 2023 (late entries will be considered up to Friday July 21st at extra £60)

Race	Duration	Date	Cost BEFORE closing date	X to enter
CMMCS Tin Tops/Super Saloons	2 x 15 minutes	Saturday July 29th 2023	£395	

Have you raced at Thruxton Circuit before?

Y / N

Total Price = £

2. Driver Details SEPARATE FORM REQUIRED FOR EACH CAR AND EACH DRIVER

Driver Name

Email address

Driver Address

Postcode:

Mobile Phone Number

Daytime Number

Are you taking any medication that the Chief Medical Officer should be aware of? Y / N

If yes, list medication details

Competition Licence No.

Grade

ASN (Licence Issuing Authority e.g UK = MS UK)

Please note that competitors holding a licence not issued by Motorsport UK can only participate with written authorisation from their ASN (article 18 FIA International Sporting Code).

Member of which club e.g CMMC/WRDA

Membership number

Friend or relative to be notified in the event of a serious accident:

Name

Relationship e.g friend

Contact no.

Address

Postcode:

3. Vehicle Details

Make of Car	<input type="text"/>	Model/Type	<input type="text"/>	Engine CC	<input type="text"/>				
Colour	<input type="text"/>	Transponder No.	<input type="text"/>	Year	<input type="text"/>	Class	<input type="text"/>	Race number	<input type="text"/>
Sponsors name (to appear in programme)		<input type="text"/>							

4. Entrant Details (only applicable if you have a valid Entrants licence issued by your ASN, usually for teams)

Entrants licence no.	<input type="text"/>	ASN	<input type="text"/>	Representative	<input type="text"/>	
Entrants name	<input type="text"/>		Email address	<input type="text"/>		
Entrants Address	<input type="text"/>					
					Postcode:	<input type="text"/>
Entrants mobile phone number	<input type="text"/>	Entrants landline phone number	<input type="text"/>			
Entrants signature	<input type="text"/>			Date	<input type="text"/>	

5. Driver under 18 Any indemnity and/or declaration as prescribed by the paragraphs below, if signed by a person under the age of 18 years, must be countersigned by the person's parent or Guardian, whose full name and address must be given.

Age if under 18	<input type="text"/>	Name of parent or guardian	<input type="text"/>			
Parent or guardian Address	<input type="text"/>					
					Postcode:	<input type="text"/>
Signature of parent or guardian	<input type="text"/>					

General declaration for all competitors and entrants

I hereby make application to participate in the Race Meeting to be held at Thruxton on July 29th 2023

I certify that particulars of my car as given are correct.

I declare that I have been given the opportunity to read the General Regulations of Motorsport UK 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 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 speeds which will be reached.

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 relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

6. Signature Confirms you agree with the statement above

Driver signature	<input type="text"/>	Date	<input type="text"/>
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7. Payment No entry will be accepted unless accompanied by the correct entry fee.

I enclose a cheque made payable to Welsh Racing Drivers Association (WRDA)
Refunds payable to

Payment can also be made by BACS stating your name /Thruxton as reference to

Welsh Racing Drivers Association (Business Account) - sort code: 51-61-15 - Account no. 71761365