		all									
Held under the (	Seneral Regulations of Mo	2024 Welsh Sports & Sa		ional Sporting Code of the FIA)							
		d the Supplementary Regulat	ions for the events.								
		Page 1 of 2 - SECTION 1 – D	RIVER DETAILS								
Driver Name											
Driver Address											
Licence Grade		Licence No	ASN	ı							
Date of Birth	Club Mem No Home Town										
Phone: Home		Work	Mobile								
Email Address											
Ple	ase indicate below any pre	scribed drugs or conditions	which should be notified to	the Medical Team							
SECTION 2 – VEHI											
Car Numb	or	Make of Car									
		Type/Model		сс							
Transponder I	No	Class		Year							
-											
Sponsor Deta											
		UNDS YOU THINK YOU WILL BE ROUND IS RECEIVED, BUT WE N		ONFIRMATION OF YOUR ENTRY PLAN TO RACE							
Da	te Venue/ Clul	Entry Fee Entering	Yes 1 <sup>st</sup> time raci	ng at this circuit?							
		£410									
44											
3 & 4 <sup>th</sup> August	<b>U</b>	£350									
lst September 8 <sup>th</sup> October	Brands Hatch Indy Silverstone National	ТВА ТВА									
Awards Night		ТВА			<u> </u>						
Nome	Name and Addres	ss of Relative to be Notified									
Name		Relationship	Telepho								
Address											
	•	nity to read the General Regulations n physically and mentally fit to take		Supplementary Regulations for this nt to do so. I acknowledge that I							
understand the nature	and type of the event and the po	tential risk inherent with motor spo	t and agree to accept that risk. 2. To	-							
event having regard to	the course and the speeds which	will be reached. 3. The use of the ve	hicle hereby entered is covered by	insurance as required by the law which is is event be suffering from any disability							
whether permanent or	temporary which is likely to affect	t prejudicially my normal control of	the vehicle, I may not take part unle	ess I have declared such disability to the							
of 18 years was counter	rsigned by that person's parent/le	egal guardian/guarantor, whose full	names and addresses have been give								
		nat I shall have the right to be prese tions of Motorsport UK. As the Par		ed out under the Supplementary hat I have acquainted myself with the							
Motorsport UK General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration											
thereof). Further, I agr	ee to pay as liquidated damages a	ny fines imposed upon me up to the	maxima set out in Part 3, Appendix	1. Note: Where the							
Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate. 7. I hereby agree to abide by the Motorsport UK Child Protection Policy and Guidelines. Anti-Doping Special Note 8. I have											
read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials' Yearbook Regulations H39 and D35.1 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which											
		rther, if I am counter-signing as the t I give such consent for the minor c		in addition to the deemed consent to							
			r								
Driver Signatu	re		Date								

Section 6 - Entrants Licence Holders Section											
Driver Name											
Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1 <sup>st</sup> Driver will be nominated as the Entrant in accordance with MOTORSPORT UK Regulation [H 1.3]											
Entrant Name											
Entrants Licence No	ASN		Repre	sentative Name							
Entrant Address											
					Postcode						
Phone: Home	Work			Mobil	e						
Email Address											
I declare that I have been given an op be bound by them, and the declartic deemed consent to th Entrant Signature		orm. Further, if I am c	ounter-sig	ning as the Parent or G	Guardian of a mino	r then in addition to the					
Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 countersigned by that person's parents or guardian, whose full name & address is below						-					
Name of Parent/Guardian			Signature of Parent/Guardian			<u></u>					
Full Address											
Please return the completed Entry form to <u>wrda@ntlworld.com</u> with cc to markdarrenreed@gmail.com											
SECTION 5 – NOTES FOR COMPLETION											
Please ensure that all information is completed as if you do not do so your entry will not be accepted											
<ul> <li>If submitting entry form electronically, please indicate signature by placing "X" in appropriate box</li> <li>Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry</li> </ul>											
SECTION 6 – FOR OFFICE USE ONLY											
Date Received			Dat	e Acknowledge	ed						
Entry Fee Paid		Date									
Method of Payment											