REST SPORTS & SALOW CLASSIC & MODERN CAR CHAMPZONSHIP	Race Entry Form 2024 Welsh Sports & Saloon Car Championship Race Silverstone, September 29th 2024 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 Date rec. Fee	No.
To be returned to - WRDA, 50 T email - wrda@ntlworld.com	Acknowl.		

1. Race Closing date for entries - Thursday September 12th (late entries will be considered up to Friday September 20th at extra £60)

Race	Duration	Date	Cost BEFORE closing date	X to enter
WRDA (WSSCC) Race	2 x 15 minutes	September 29th 202	²⁴ £430	
Have you raced at Silverstone (National) Circ	uit before? Y	/N Total Pr	rice = f	

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

Driver Name			Email address				
Driver Address							
					Postcode:		
Mobile Phone Number				ytime Imber			
Are you taking	any medication tha	t the Chief Medical Officer	should be aware of?	? Y / N	ſ		
If yes, list med	cation details						
Competition Li	cence No.	G	rade		ASN (Licence Issuin e.g UK	g Authority (= MS UK)	
Please note t	hat competitors holding a li	cence not issued by Motorsport UK can	only participate with written	n authorisatic	on from their ASN (article 18 I	FIA International Sporting	g Code).
Member of whi	ch club e.g CMM	C/WRDA		Me	embership 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	e Details								
Make of Car			Model	/Type				Engine CC	
Colour		Transponder No		Year		Class		Race number	
Sponsors nam	e (to appear in	programme)							
4. Entrant	Details (or	ly applicable if yo	ou have a valid	Entran	ts licence issue	d by you	r ASN, usua	lly for teams)	
Entrants licer	nce no.			ASN			Represer	ntative	
Entrants nam	e				Email address				
Entrants Addr	ess								
								Postcode:	
Entrants mobi					Entrants landl phone number				
Entrants signa	iture						Date		

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	Name of parent or guardian	
Parent or guardian		
Address		Postcode:
Signature of parent or guardian		

General declaration for all competitors and entrants

I hereby make application to participate in the Race Meeting to be held at Silverstone September 29th 024

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	Date					
Payment by BACS preferred, state your name /Silverstone as reference to	7. Payment No entry will be accepted unless accompanied by the correct entry fee. <i>Payment by BACS preferred, state your name /Silverstone as reference to</i> <i>Welsh Racing Drivers Association (Business Account) - sort code: 51-61-15 - Account no. 71761365</i>					
and sent to 50 Trallwn Road, Swansea SA7 9XA Refunds pay	yable to					