In association with Classic and Modern Motornant The meetin provisions of	Race I ssic & Moder Silverston MS UK Permit ng will be held under the gen f the sporting code of the FL/ tion that the organising Club	Office Use Date rec. Fee Acknowl.	No.		
email - ukmotorsport@aol.com OR Fax 01	225 775705.			Acknowl.	
1. Race Closing date for entries - Wedn	esday June 29th 202	2 (late entries can be accept	ed up to Wedı	nesday July 13th a	t extra £30)
Race	Duration	Date		Cost BEFORE closing date	X to enter
116 Trophy	90 mins	Sunday July	17th 2022	Please enter via	organisers
TARC Combined Series	2 x 15 mins	Sunday July	17th 2022	Please enter via	organisers
Mighty Minis	2 x 20 mins	Sunday July	17th 2022	Please enter via	organisers
CMMC Classic Challenge	2 x 20 mins	Sunday July	17th 2022	£285/£460	
CMMC Modern/GT Challenge	2 x 15 mins	Sunday July	17th 2022	£245/£420	
Anglo-American Challenge	2 x 20 mins	Sunday July	17th 2022	£285/£460	
WRDA Sports and Saloon Championship	2 x 15 mins	Sunday July	17th 2022	£420	
Pre-War/FISCAR/Invitation 50's sports ca	ars 2 x 20 mins	Sunday July	17th 2022	£285/£460	
Have you <u>raced</u> at Silverstone (National) C	Circuit before?	Y/N Tota	l Price =	= £	
·	'ORM REQUIREI) FOR <u>EACH CAR</u> ANI	EACH DRI	<u>VER</u>	
2. Driver Details SEPARATE F	FORM REQUIREI	D FOR <u>EACH CAR</u> ANI Email address	EACH DRI	<u>VER</u>	
2. Driver Details SEPARATE F Driver Name	FORM REQUIREI		EACH DRI	<u>VER</u>	
·	FORM REQUIREI				
2. Driver Details SEPARATE F Driver Name Driver Address Mobile Phone	FORM REQUIREI			VER ostcode:	
2. Driver Details SEPARATE F Driver Name Driver Address Mobile Phone Number		Email address Daytime Number	Pc		
2. Driver Details SEPARATE F		Email address Daytime Number	Pc		
2. Driver Details SEPARATE F Driver Name Driver Address Mobile Phone Number Are you taking any medication that the Chie If yes, list medication details		Email address Daytime Number hould be aware of? Y /	Pc	ostcode: ice Issuing Author	
2. Driver Details SEPARATE F Driver Name Image: Separate sepa	ef Medical Officer sl Gra	Email address Daytime Number hould be aware of? Y /	Pc N ASN (Licen	ostcode: nce Issuing Author e.g UK = Muk)	
2. Driver Details SEPARATE F Driver Name Driver Address Mobile Phone Number Are you taking any medication that the Chie If yes, list medication details Competition Licence No.	ef Medical Officer sl Gra	Email address Daytime Number hould be aware of? Y /	Pc N ASN (Licen	ostcode: nce Issuing Author e.g UK = Muk) V (article 18 FIA Internat	

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	ne (to appear in	programme)							
4. Entrant	t Details (or	nly applicable if you	u have a valid	Entrant	s licence issued	d by you	ur ASN, usu	ally for teams)	
Entrants licer	nce no.			ASN			Represe	ntative	
Entrants nam	ne				Email address				
Entrants Add	ress								
								Postcode:	
Entrants mob					Entrants landli phone number				
Entrants signa	ature						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 (National) Circuit on 17th July 2022

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					
7. Payment No entry will be accepted unless accompanied by the correct entry fee. I enclose cash, cheque/postal order payable to Classic and Modern Motorsport Ltd. Refunds payable to																	
Or please debit my Visa Debit				Mastercard				Visa C			redit						
Full card number]	
3 digit security nu	mber			Valid	from dat	е	/		Expir	y date	e	/	Issu	ie No.			
For your security: If returning this form as an email attachment please phone your card details to us or fax form Payment can also be made by BACS stating your name as reference to Classic and Modern Motorsport Ltd.																	

sort code: 20-45-45 account 53054748