



# Classic Sports Car Club Race Entry Form

## Croft Northern Classic Race Meeting

### Croft Circuit, 22nd/23rd July 2017

MSA Permit No. 99267 (Clubmans), 99268 (National. B)

The meeting will be held under the general regulations of the Motor Sports Association (incorporating the provisions of the sporting code of the FIA) the event Supplementary Regulations and any written instructions that the organising club may issue for the event. This event is not NCAFP inscribed.

Office Use No.

Date rec.

Rev

Fee

Acknowl.

Forms to be returned to - Hannah Gardin, CSCC, 1 Masons Wharf, Corsham, Wiltshire, SN13 9FY  
 email - info@classicssportscarclub.co.uk Fax - 01225 811337. CSCC/JEC competitors can enter online.

### 1. Race Closing date for entries - Wednesday 19th July 2017

To encourage early entry all entries received after Sunday 9th July will incur an additional £30 fee. This also applies to second drivers.

Race	Duration	Date	Discount Cost BEFORE Sun 9th July	Extra Cost AFTER Sun 9th July	X to enter
CSCC Adams & Page Swinging Sixties Groups 1 & 2	40 mins	Sun. 23rd July	£385	+£30	
CSCC Tin Tops with The Enduro Series for Ford Cars	40 mins	Sat. 22nd July	£385	+£30	
CSCC Advantage Motorsport Future Classics	40 mins	Sun. 23rd July	£385	+£30	
CSCC Gold Arts Magnificent Sevens	40 mins	Sun. 23rd July	£385	+£30	
CSCC Special Saloons & Modsports	3 x 15 mins	Sat/Sun	£385	+£30	
CSCC Modern Classics with Nextec Puma Cup	40 mins	Sat. 22nd July	£385	+£30	
CSCC RSV Graphics New Millennium	40 mins	Sat. 22nd July	£385	+£30	
CSCC Meteor Suspension Open Series Saturday	40 mins	Sat. 22nd July	£225/£385	+£30	
CSCC Meteor Suspension Open Series Sunday	15 mins	Sun. 23rd July	£99/£149	+£30	
Toyo Tires/Watchdogapp.com Jaguar Saloon and GT Championship	2 x 20 mins	Sat/Sun	£385	+£30	

If you are entering more than one race you may be entitled to a £25 discount off your second race. See SR's for details.

Have you raced at Croft circuit before?  Y /  N

Total Price = £

### 2. Driver Details

**SEPARATE FORM REQUIRED FOR EACH CAR AND EACH DRIVER**

If part of a two driver team are you -

The registered driver  OR 2nd Driver  Name of your team mate   
(Must complete own form)

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 = MSA)   
Note: Q.9.1.2 (bhp/kg)

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

Member of which racing club e.g CSCC  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 Croft circuit on 22nd/23rd July 2017.  
I certify that particulars of my car as given are correct.

### 6. Signature Confirms you agree with any statement above as well as those contained in the supplementary regulations.

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/cash payable to Classic Sports Car Club Ltd. Refunds payable to -

Or please debit my Debit card  Credit card + £3

*Note If paying by debit card you will be charged a £3 credit card surcharge if you do not tick the relevant box above.*

Full card number 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 digit security number  Valid from date  /  Expiry date  /  Issue No.

*For your security: If returning this form to the CSCC office as an email attachment, please phone through your card details to us.*