



Classic Sports Car Club Race Entry Form

Spa Summer Classic Race Meeting

Spa Francorchamps, Belgium

23rd/24th/25th June 2017

Office Use	No.
Date rec.	
Rev	
Fee	
Acknowl.	

GT / Touring 1965/71/76

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

1. Race Entries received after Wednesday 7th June 2017 may be accepted at the organisers discretion but will be subject to an additional £30 fee.

Race	Duration	Date	Cost	X to enter
CSCC Adams & Page Swinging Sixties + Mintex Classic K	2 x 40 mins	23rd/24th/25th June	£625	
CSCC Inter-Series Cup	2 x 40 mins	23rd/24th/25th June	£625	
Spa Ardennes Challenge	2 x 40 mins	23rd/24th/25th June	£625	
Spa 3 Hours	180 mins	24th/25th June	£1595	
Inter-Series = Tin Tops, Advantage Motorsport Future Classics, Modern Classics and RSV Graphics New Millennium Series				
Ardennes Challenge = CSCC Gold Arts Magnificent Sevens and Meteor Suspension Open Series				
Spa 3 Hour = (TC), (GTS) and (GTP) from 1947 through to 1976, Two-seat racing cars under 2000cc From 1947 to 1965				

In the event of your withdrawal in writing by Wednesday 7th June a full refund will be given. Thereafter a refund will only be given if a reserve takes your place.

Credit card payments will add £3 to your total cost.

Have you raced at Spa Francorchamps 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)

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 Spa Francorchamps circuit on 23rd/24th/25th June 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	<input type="text"/>	Valid from date	<input type="text"/>	/	<input type="text"/>	Expiry date	<input type="text"/>	/	<input type="text"/>	Issue No.	<input type="text"/>
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For your security: If returning this form to the CSCC office as an email attachment, please phone through your card details to us.