Thruxton Historic Race Meeting 23rd June 2024





This meeting will be held under the General Regulations of Motorsport UK (incorporating the provisions of the International Sporting Code of the FIA), the Supplementary Regulations and any written instructions the organising Club (BARC) may issue for the event.

This event is NCAFP inscribed.

Motorsport UK Permit No. TBC

Driver Signature:

Office Use Only. Race No.: Date Rec. Acknowl: Rev-Up:

| Motorsport UK Permit No. TBC | | | | | Fee: | | | |
|---|---|---------|---------------------------|------------------------|----------------|------------|----|--|
| 1. DRIVER DETAILS: *Separate form required for EACH car and EAC | CH driver | | | | | | | |
| Single Driver *Two Driver/Car Team | *Name of 2nd driver (Separate form required): | | | | | | | |
| Name: | | | | DOB (if unde | 18): | | | |
| Address: | | | | | | | | |
| (including Post Code) | | | | | | | | |
| Mobile Number: | Number: Email (mandatory): | | | | | | | |
| MSUK Licence Number: MSUK Licence | | | ence Grade: | | | | | |
| 2. MEDICAL AND NEXT OF KIN DETAILS: | | | | | | | | |
| Do you have any medical conditions or are you taking medication to If yes, please list medical conditions/medication details: | that the Ch | ief M | edical Offi | cer should be aw | are of? Ye | s / [| No | |
| Please provide details below of a Friend or Relative to be notified in (Please make sure they are aware that their details have been give | | t of a | serious ac | ccident. | | | | |
| Next of Kin Name: | | | Next of Kin Relationship: | | | | | |
| Next of Kin Email: Next of Kin Cor | | | | tact Number: | | | | |
| Next of Kin Address: (including Post Code) | | | | | | | | |
| 3. RACE ENTRY - Closing date for entries is 12pm Wednesday 19th | June 2024 | ļ | | | | | | |
| Race | | | Day | Race Duration | Cost* | X to enter | | |
| Adams & Page Swinging Sixties | | S | unday | 40 Minutes | £475 | | | |
| Donation to the CSCC Marshal Fund £10 | | | | | | | | |
| 4. CAR DETAILS - Separate entry form required for EACH CAR and E | EACH DRIV | ER. Al | l cars mus | t be registered fo | r the relevant | category. | | |
| Make and Model: | | | | Allocated Race Number: | | | | |
| Sponsor name (if applicable) | | | | Transponder No.: | | | | |
| 5. PAYMENT DETAILS - Entries will only be accepted if accompanie For your security, if returning this form by email, please phone thro | | | | us on 01225 8106 | 55 | | | |
| *Any entries received after Sunday 5th May 2024 will incur an additional £ | £30 fee. | | | | | | | |
| Please debit my Credit/Debit card: (We regret we are unable to accept AN | ЛЕХ, Cheque | es or C | ash) | | | | | |
| Card Number: | | | | | | | | |
| Expiry Date: Security Code | e: | | | | | | | |
| Your payment details will be destroyed once payment has been processed. Refunds are payable back to the original source. See SR's for Refund policy. | | | | | | | | |
| 6. SIGNATURE - This confirms you agree with the event Supplemen | ntary Regul | lation | s and auth | norise payment o | the correct er | ntry fee. | | |

Date:

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You only need to fill out parts 7 or 8 if applicable. If you are over 18 and are not licenced as a team you don't need to fill these out.

7. DRIVER UNDER 18 - Any indemnity and/or declaration as prescribed in the event Supplementary Regulations, if signed by a person under

| the age of 18 years, must be countersigned by the persons Parent/Guardian, whose full details must be given below. | | | | | |
|--|------------------------------------|--|--|--|--|
| Name of Parent/Guardian: | Relationship to Driver: | | | | |
| Email of Parent/Guardian: | Contact Number of Parent/Guardian: | | | | |
| Address of Parent/Guardian: (including Post Code) | | | | | |
| Signed by Parent/Guardian: | Date Signed: | | | | |
| | | | | | |
| 8. ENTRANT DETAILS - Only applicable if you have a Motorsport UK <u>Teams Entrant Licence</u> | | | | | |
| Entrant/Team Name on Licence: | Entrant Licence Number: | | | | |
| Representatives Name: | Representatives Contact Number: | | | | |
| Representatives Email Address: | | | | | |
| Entrant/Team Address: | | | | | |
| | | | | | |
| Entrant Signature: | Date Signed: | | | | |