Spa Summer ClassicThursday 25th —Sunday 28th April 2024







Meeting organ	ised by Motor Classic	Office Use Only Date Rec.	. Race No.	:									
Held on an RACB permit. The Spa 3 Hours is a stand-alone race, not part of a championship. Entry is by ir tation at the organisers discretion.								i- Acknowl: Rev-Up: Fee:					
1. DRIVER DET	AILS: (Separate form	required for each driver)											
Are you the first driver? Second Driver? Third Driver (3 Hrs only)? Name of fir													
Name:					DOB (if under 1	.8):							
Address: (including Post C	ode)												
Mobile Number: Daytime Number					:								
Email (mandatory):												
Licence No.	nce No. Licence Grade:				Is this a UK Licence issued by Motorsport								
Competitors holding a licence not issued by MSUK/RACB can only participate with written authorisation from their ASN (article 18 FIA International Sporting Code).													
Are you taking medication that the Chief Medical Officer should be aware of? Y/N If yes, list medication details below:													
	tails below of a Friend or I	Relative to be notified in the event en given.)	of a seriou	ıs accident:									
Name & Addre	ess												
			(Contact No.									
2 RACE ENTRY	- Entries received after W	ednesday 10th April 2024 may be	accented a	t the organisers d	iscretion								
		eived after Wednesday 10th Ap											
		.CE		Day	Duration		Cost	X to Ente	er				
CSCC Interse			LLENNIOM	Thur/Fri/Sat	2 x 40 Mir		£725						
Pit-stops/regs as per series													
Belcar Historic Cup: CSCC cars 1970 to 1999. BELCAR				Fri/Sat/Sun	2 x 30 Mir	ıs	£740						
SPA 3 HOUR	S	Fri/Sat/Sun	180 Mins										
In the event of y takes your place		ing by Wednesday 10th April 20	024 a full	refund will be g	iven. Thereafte	r a refun	d will only be រុ	iven if a reser	ve				
	Donation to the	CSCC Marshal Fund					£10						



3. CAR DETAILS															
Vehicle Make		Vehicle Model:					Race Number:								
Transponder No.															
4. SIGNATURE - Confirms you agree with the event Regulations/Information linked to and published on the CSCC event page and authorise payment of the correct entry fee.															
Signed:						Date:									
								·							·
5. PAYMENT DETAILS - Entries will only be accepted if accompanied by the correct fee.															
For your security, if returning this form by email, please phone through your card details to us on 01225 810655.															
Please debit my Credit/Debit card: (We regret we are unable to accept AMEX, Cheques or Cash)															
Full card number:															
Expiry date:		Security co	ode:									•			
Your payment details will be destroyed once payment has been processed															
6. DRIVER UNDER 18 -															
Driver Name			Na	ame of Pare	ent/Gu	ardian									
Address of Parent/Guardian															
							Po	ostcode):						
Dhara Niverbar of Dareat /Coard	c:	Signature of Parent/Guardian													
Phone Number of Parent/Guardian															
7 ENTRANT DETAILS	!! !		. 5												
7. ENTRANT DETAILS - Only	applicable if you navi	e a Motorsport UK <u>Team:</u>	<u>s</u> Entrani	t Licence											
Entrant Name on Licence					E	ntrant	Licence	e No.							
Entrant Address															
	Postcode														
Representative Name					C	Contact	Numb	er							
Email Address															
Entrant Signature					С	ate									

