Castle Combe Autumn Classic September 20th/21st 2025





This meeting will be held under the National Competition Rules of Motorsport UK (incorporating the provisions of the International Sporting Code of the FIA), the Supplementary Regulations and any written instructions the organising club (CCRC) may issue for the event.

Motorsport UK Permit No. 201412 (Interclub)

Make and Model:

Sponsor name: (if applicable)

Office use only

Date Rec:	
Acknowl:	

Rev-Up:	
Fee:	

All drivers must be members of the CSCC or Ecurie Classic Racing.					Fee:	Fee:		
DRIVER DET	TAILS: *Separat	te form required for EACH	car and EACH driver					
Single D	Driver	Two Driver/Two Car	Геат - *Name of team ı	mate: (Separate	e form required)			
Name:	1				DOB (if under 18):			
Address:				I				
Contact Numb	per:		Email:					
MSUK Licence	Number and G	rade:						
.450.641.41	ND NEVE OF	WALDETALLS						
	ND NEXT OF I							
Please advise (of any medical c	onditions or any medication	on you are taking that the	e Chief Medical	Officer should be a	ware of:		
Nevt of Kin to	he notified in th	e event of a serious accide	ant (Please make sure th	ev are aware th	nat their details have	a heen give	n)	
Next of Kin Na		ic event of a serious accide	· ·	Relationship:	lat their actails have	- Deeri give		
Next of Kin En	_		Next of Kin					
		an Doct Code)						
Next of Kin Ad	ldress: (includin	g Post Code)						
RACE ENTRY	Y: Closing date f	for entries is Wednesday 1	7th September 2025					
	To encourage of	early entry, all entries recei	ived after Sunday 7th Sep	otember 2025,	will incur an additio	nal £30 fee.		
Race				Day	Race Duration	Cost	X to enter	
Cana K	Midland Classi	c Restorations Classic K wit	:h	Saturday	40 Mins	£525		
Hawthorn	Norman Dewis Jaguar Trophy with			Saturday	40 Mins	£525		
~~~	Ecurie Classic Racing			Saturday	40 Mins	£525		
Special Sultrans	JMC Racing Special Saloons & Modsports Brian Cutting Trophy with		h Sunday	2 x 15 Mins	£440			
CLASSICS	Advantage Motorsport Future Classics			Sunday	2 x 15 Mins	£440		
	Donation to the CSCC Marshal Fund					£10		
of their withdr until the end o NO REFUNDS (	rawal by the end of the day on the OR CREDITS for	funded in full under the ter d of the day on Sunday 7th e closing date on Wednesda any withdrawals received a waiting (non-qualifying res	September 2025. Any wi ay 17th September 2025 after the closing date of N	thdrawals rece , will be refund Vednesday 17t	ived from Monday 8 ed, less a £25 admir h September 2025,	Bth Septeml histration fe with the exc	per 2025 up e. There will be ception of	

**CAR DETAILS:** Separate form required for EACH car and EACH driver. All cars must be registered for the relevant category.

Allocated Race Number:

Transponder No.

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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.					
Any entries received after Sunday 7th September 2025, will incur an additional £30 fee.					
Please debit my Credit/Debit card: (We regret we are unable to accept AMEX, Cheques or Cash)					
Full card number:					
Expiry date: Security code:					
Refunds are payable back to the original source. See SR's for Refund policy. Your payment details will be destroyed once payment has been processed.					
SIGNATURE: This confirms you agree with the event Supplementary Regu	ulations and authorize payment of the correct entry fee.				
Driver Signature:	Date Signed:				
You only need to fill out the two so	ections below if applicable.				
•					
<b>DRIVER UNDER 18:</b> Any indemnity and/or declaration as prescribed in the age of 18 years, must be countersigned by the persons Parent/Guardian					
Name of Parent/Guardian:	Relationship to Driver:				
Email of Parent/Guardian:	Contact No. of Parent/Guardian:				
Address of Parent/Guardian: (including Post Code)					
Signed by Parent/Guardian:	Date Signed:				
	·				
ENTRANT DETAILS: Only applicable of you have a Motorsport UK Teams Entrant Licence					
Entrant/Team Name on Licence:	icence: Entrant Licence Number:				
resentatives Name: Representatives Contact Number:					
Representatives Email Address:					
Entrant/Team Address:					
Entrant Signature:	Date Signed:				

