



Championship Race Weekend

Saturday & Sunday 25th & 26th September 2010
Croft Circuit
2010 Mono Championship Races
Entry Form



Please use a separate form for each car entered

Drivers Name		
Home Address		
Postcode		Email
Tel Numbers	Business	Mobile
Drivers Competition Licence: Number		Drivers Competition Licence: Grade
Entrant Name <i>(if different from Driver)</i>		
Address		
Postcode		Email
Tel Numbers	Business	Mobile
Entrant Licence: Number		Entrant Licence: Grade
Make of Car		Type/Model
Engine Make	cc	Transponder Number
I wish to enter Monoposto Races <i>(please tick)</i>		Class
Saturday 25 th September only	£180	
Sunday 26 th September only	£180	
Both Days	£295	
Permanent Race Number		
Licence to be signed for upgrade YES/NO*	Has the driver raced before YES/NO*	At this Circuit YES/NO*

Admin Use Only	
Date Received	Acknowledged

PLEASE COMPLETE REVERSE SIDE

Declaration

'I have read the Standard Race Regulations and Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the MSA. In consideration of the acceptance of this entry and of my being permitted to take part in the event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the MSA, such Person, Persons or Body as may be authorised by the MSA to promote or organise this event and their respective Officials, Servants, Representatives and Agents, together with other Competitors and their respective Servants, Representatives and Agents, from and against all actions, claims, costs, expenses and demands in respect of Death or injury to or damage to the Property of myself, my Driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

My age is _____ (state your age if under 18)

I declare that to the best of my belief the driver(s) possess (es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached. I understand that should I at the time of this event be suffering from any disability, whether permanent or temporary, which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN, which has, following such declaration, issued a licence which permits me to do so.

I undertake that at the time of the event to which this entry relates I shall have passed the ASN specified Medical Examination within the specified period.'

Drivers Signature		Entrants Signature	
Payment by cheque or Card for £ _____ which includes a donation of £ _____ to the marshals fund. If paying by cheque, make payable to Monoposto Racing Club and enclose with this Entry Form			

IMPORTANT: Any indemnity and/or declaration as prescribed by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parent or guardian whose full name & address shall be given below:

Name of Parent/Guardian _____
Signature _____
Address _____

Please complete name and address of a relative or friend in the event of a serious accident
Name _____
Telephone _____
Address _____

Please return this form and entry fee to:
Simon Davey, Monoposto Racing Club Administrator
1 The Applegarth, Long Buckby
Northants, NN6 7EQ



Payments by Debit/Credit Card – please note a £5.00 charge will be added for payments by Credit Card

Card Type (*delete as appropriate*): Mastercard/Visa Credit/Visa Debit/Maestro

Card Number:

Valid From: \ Expires End: \ Security No.: Issue Number
(Maestro)

Name, Address, Postcode registered to Card (*if different from Driver/Entrant*):