

2010 URS Classic FF 2000 Championship

REGISTRATION & EVENT ENTRY FORM

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

SECTION 1 - NOTES FOR COMPLETION

- Please ensure that all information is completed, as if you do not do so, your entry will not be accepted
- if submitting entry form electronically, please indicate signature by placing "X" in appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

SECTION 2 - DRIVER DETAILS

Driver Name	<input style="width: 100%;" type="text"/>				
Driver Address	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>			Postcode	<input style="width: 100%;" type="text"/>
Licence Grade	<input style="width: 100%;" type="text"/>	Licence No	<input style="width: 100%;" type="text"/>	ASN	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 100%;" type="text"/>	BARC Memb No	<input style="width: 100%;" type="text"/>	Hometown	<input style="width: 100%;" type="text"/>
Phone:	Home <input style="width: 100%;" type="text"/>	Work <input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>	
Email address	<input style="width: 100%;" type="text"/>				

Is the Driver taking any prescribed drugs or suffering from any condition which should be notified to the Medical Team Yes / No

1. I declare I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and / or organisation and / or conduct of the event are insured against loss or injury caused through their negligence. 2. 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 speed which will be reached. 3. 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 the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration issued a licence which permits me to do so. 4. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent / guardian / guarantor whose full names and address have been given. 5. If I am the parent / guardian / guarantor of the driver I understand that I have the right to be present during any procedure carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

Driver Signature	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>
Age if under 18	<input style="width: 100%;" type="text"/>	<small>any indemnity and / or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name and address is given below</small>	
Name of Parent / Guardian	<input style="width: 100%;" type="text"/>	Signature of Parent / Guardian	<input style="width: 100%;" type="text"/>
Full Address	<input style="width: 100%;" type="text"/>		

SECTION 3 - ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the first driver will be nominated as the entrant in accordance with MSA Regulation [H1.3.]

Entrant Name	<input style="width: 100%;" type="text"/>				
Ent Licence No	<input style="width: 100%;" type="text"/>	ASN	<input style="width: 100%;" type="text"/>	Representative Name	<input style="width: 100%;" type="text"/>
Ent Address	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>			Postcode	<input style="width: 100%;" type="text"/>
Phone:	Home <input style="width: 100%;" type="text"/>	Work <input style="width: 100%;" type="text"/>	Mobile	<input style="width: 100%;" type="text"/>	
Email address	<input style="width: 100%;" type="text"/>				

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Entrant Signature	<input style="width: 100%;" type="text"/>	Date	<input style="width: 100%;" type="text"/>
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Please print off and return completed entry form to: **or Fax to:** **Alternatively, save and email as attachment to:**
BARC, Thruxton Circuit, Andover, Hampshire SP11 8PN **01264 882233** **entries @ barc . net**

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SECTION 4 - VEHICLE DETAILS

Car Number Make of Car
 Type / Model c.c.
 Transponder No Class Year
 Entrant / Sponsor / Team Name

SECTION 5 - CHAMPIONSHIP REGISTRATION

I wish to register for the URS CFF2000 Championship Fee Payable: £20:00
This need only be done once before submitting entries Signature To be paid separately or added to first entry

SECTION 6 - EVENT ENTRY DETAILS

Date	Venue	Format	Entry Fee	Late	Entering	Yes
March 27	Oulton Park	1 Race	£230	£260	Place 'X' in box to enter	Is this your 1st time racing at this circuit ?
April 17-18	Croft	2 Races	£315	£345		
May 16	Cadwell Park	1 Race	£210	£240		
June 05-06	Brands Hatch	1 Race	£240	£270		
June 27	Thruxton	1 Race	£210	£240		
Jul 31 - Aug 01	Snetterton	2 Races	£315	£345		
Aug 14-15	Pembrey	2 Races	£315	£345		
Sept 11-12	Rockingham	1 Race	£210	£240		
Oct 03	Mallory Park	1 Race	£210	£240		
Notes: <input type="text"/>						

SECTION 7 - PERSON TO BE NOTIFIED IN THE EVENT OF SERIOUS ACCIDENT

Name Telephone
 Address

SECTION 7 - PAYMENT DETAILS

Would you like to make a donation to the 'Marshals Fund' Yes / No Amount Donated £
 Cheques to be made payable to "BARC" or alternatively complete Debit / Credit card details below
 Please Chose: Entry payment/s to be taken straight away 20+ days before each meeting
 Card No
 Card Type Debit / Credit Valid from Expiry Date
 Issue No (Debit Card only) Security Code (Last 3 digits on back)
 Name on Card Signature
NB - A surcharge of £4 will be added to the total payment if payment is made by Credit Card

SECTION 8 - FOR OFFICE USE ONLY

Date Recieved Fee Paid
 Method of Payment
 Other

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