Entry Form for
CANNONS MSA LTD TINTOPS CHALLENGE

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:
Class

Your use

H1v **At LYDDEN HILL on SATURDAY12 APRIL 2008.** **H1**
Entry Fee: £150 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver: _____

Comp 2008 Licence No: _____ Grade _____ Are you are BARC Member? YES/NO No: _____

Address for paperwork & tickets: _____

County: _____ Postcode: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above): _____

County: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

E-mail: _____

Name of Next of Kin to be notified in case of a serious accident: _____ Relationship to Driver: _____

Address: _____

Phone: _____ Mobile: _____

VEHICLE DETAILS

Make of Car: _____ Type/Model: _____ Year: _____ CC: _____

Make/Tuner of Engine: _____ Colour: _____ Super/Turbo: _____ Transponder No: _____

DECLARATION

"I declare that 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 the motor sport 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."

"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 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 or am exempt from an ASN specified medical examination within the specified period." [C(a)-26]

Any application form for an entry which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full name and address has been given. If I am the parent/guardian/guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: _____ Signature of Entrant: _____ Date: _____

AGE IF UNDER 18: _____ **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Full Address: _____

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO
Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £** _____
(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date **Expiry Date** **Issue No Switch only** **Card Holders signature** **Issuing Bank** **Payment Amount**

Name of Cardholder _____ Contact Tel No: _____

Cardholders Address (where bill is sent) _____

_____ Postcode: _____

Driver Signature _____ Date _____

Entry Form for BARC SEC SPORTS AND SALOONS
Incorporating 'Intermarque League' and 'TinTops'

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:
Class

Your use

A **At ROCKINGHAM on SATURDAY 7 JUNE 2008.** **A**
Entry Fee: £190 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver: _____

Comp 2008 Licence No: _____ Grade _____ Are you are BARC Member? YES/NO No: _____

Address for paperwork & tickets: _____

County: _____ Postcode: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above): _____

County: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

E-mail: _____

Name of Next of Kin to be notified in case of a serious accident: _____ Relationship to Driver: _____

Address: _____

Phone: _____ Mobile: _____

VEHICLE DETAILS

Make of Car: _____ Type/Model: _____ Year: _____ CC: _____

Make/Tuner of Engine: _____ Colour: _____ Super/Turbo: _____ Transponder No: _____

DECLARATION

"I declare that 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 the motor sport 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."

"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 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 or am exempt from an ASN specified medical examination within the specified period." [C(a)-26]

Any application form for an entry which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full name and address has been given. If I am the parent/guardian/guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: _____ Signature of Entrant: _____ Date: _____

AGE IF UNDER 18: _____ **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Full Address: _____

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO

Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £** _____

(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date **Expiry Date** **Issue No Switch only** **Card Holders signature** **Issuing Bank** **Payment Amount**

Name of Cardholder _____ Contact Tel No: _____

Cardholders Address (where bill is sent) _____

_____ Postcode: _____

Driver Signature _____ Date _____

Entry Form for BARC SEC
CANNONS MSA LTD TINTOPS CHALLANGE

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:

Class

Your use

H2ii **At LYDDEN HILL on SAT/SUN 28/29 JUNE 2008.** **H2ii**
Entry Fee: £150 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver: _____

Comp 2008 Licence No: _____ Grade _____ Are you are BARC Member? YES/NO No: _____

Address for paperwork & tickets: _____

County: _____ Postcode: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above): _____

County: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

E-mail: _____

Name of Next of Kin to be notified in case of a serious accident: _____ Relationship to Driver: _____

Address: _____

Phone: _____ Mobile: _____

VEHICLE DETAILS

Make of Car: _____ Type/Model: _____ Year: _____ CC: _____

Make/Tuner of Engine: _____ Colour: _____ Super/Turbo: _____ Transponder No: _____

DECLARATION

"I declare that 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 the motor sport 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."

"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 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 or am exempt from an ASN specified medical examination within the specified period." [C(a)-26]

Any application form for an entry which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full name and address has been given. If I am the parent/guardian/guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: _____ Signature of Entrant: _____ Date: _____

AGE IF UNDER 18: _____ **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Full Address: _____

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO
Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £** _____
(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date **Expiry Date** **Issue No Switch only** **Card Holders signature** **Issuing Bank** **Payment Amount**

Name of Cardholder _____ Contact Tel No: _____

Cardholders Address (where bill is sent) _____

_____ Postcode: _____

Driver Signature _____ Date _____

Entry Form for BARC SEC DUNLOP MOTORSPORT NEWS
***incorporating* 'VAG Saloons' & 'TinTops'**

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:

Class

Your use

A4 **At CASTLE COMBE on SATURDAY/SUNDAY 18/19 JULY 2008.** **A4**
Entry Fee: £180 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver: _____

Comp 2008 Licence No: _____ Grade _____ Are you are BARC Member? YES/NO No: _____

Address for paperwork & tickets: _____

County: _____ Postcode: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above): _____

County: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

E-mail: _____

Name of Next of Kin to be notified in case of a serious accident: _____ Relationship to Driver: _____

Address: _____

Phone: _____ Mobile: _____

VEHICLE DETAILS

Make of Car: _____ Type/Model: _____ Year: _____ CC: _____

Make/Tuner of Engine: _____ Colour: _____ Super/Turbo: _____ Transponder No: _____

DECLARATION

"I declare that 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 the motor sport 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."

"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 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 or am exempt from an ASN specified medical examination within the specified period." [C(a)-26]

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I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: _____ Signature of Entrant: _____ Date: _____

AGE IF UNDER 18: _____ **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Full Address: _____

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO

Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £** _____

(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date **Expiry Date** **Issue No Switch only** **Card Holders signature** **Issuing Bank** **Payment Amount**

Name of Cardholder _____ Contact Tel No: _____

Cardholders Address (where bill is sent) _____

_____ Postcode: _____

Driver Signature _____ Date _____

Entry Form for BARC SEC
CANNONS MSA LTD TINTOPS CHALLANGE

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:

Class

Your use

H3i **At LYDDEN HILL on SATURDAY 6 SEPTEMBER 2008.** **H3i**
Entry Fee: £150 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver: _____

Comp 2008 Licence No: _____ Grade _____ Are you are BARC Member? YES/NO No: _____

Address for paperwork & tickets: _____

County: _____ Postcode: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above): _____

County: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

E-mail: _____

Name of Next of Kin to be notified in case of a serious accident: _____ Relationship to Driver: _____

Address: _____

Phone: _____ Mobile: _____

VEHICLE DETAILS

Make of Car: _____ Type/Model: _____ Year: _____ CC: _____

Make/Tuner of Engine: _____ Colour: _____ Super/Turbo: _____ Transponder No: _____

DECLARATION

"I declare that 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 the motor sport 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."

"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 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.

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I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: _____ Signature of Entrant: _____ Date: _____

AGE IF UNDER 18: _____ **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Full Address: _____

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO
Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £** _____
(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date **Expiry Date** **Issue No Switch only** **Card Holders signature** **Issuing Bank** **Payment Amount**

Name of Cardholder _____ Contact Tel No: _____

Cardholders Address (where bill is sent) _____

_____ Postcode: _____

Driver Signature _____ Date _____

Entry Form for BARC SEC
CANNONS MSA LTD TINTOPS CHALLANGE

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:

Class

Your use

H4ii **At LYDDEN HILL on SATURDAY 4 OCTOBER 2008.** **H4ii**
Entry Fee: £150 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver: _____

Comp 2008 Licence No: _____ Grade _____ Are you are BARC Member? YES/NO No: _____

Address for paperwork & tickets: _____

County: _____ Postcode: _____

E-mail address: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above): _____

County: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

E-mail: _____

Name of Next of Kin to be notified in case of a serious accident: _____ Relationship to Driver: _____

Address: _____

Phone: _____ Mobile: _____

VEHICLE DETAILS

Make of Car: _____ Type/Model: _____ Year: _____ CC: _____

Make/Tuner of Engine: _____ Colour: _____ Super/Turbo: _____ Transponder No: _____

DECLARATION

"I declare that 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 the motor sport 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."

"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 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 or am exempt from an ASN specified medical examination within the specified period." [C(a)-26]

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I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: _____ Signature of Entrant: _____ Date: _____

AGE IF UNDER 18: _____ **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Full Address: _____

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO
Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £** _____
(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date **Expiry Date** **Issue No Switch only** **Card Holders signature** **Issuing Bank** **Payment Amount**

Name of Cardholder _____ Contact Tel No: _____

Cardholders Address (where bill is sent) _____

_____ Postcode: _____

Driver Signature _____ Date _____

Entry Form for BARC SEC SPORTS AND SALOONS
Incorporating 'Intermarque League' and 'TinTops'

DATE RECEIVED	DATE ACKNOWLEDGED	ENTRY FEE

Office Use

Duplicate this form and submit entry forms for individual meetings.
FORMS MUST BE SUBMITTED 21 CALENDAR DAYS PRIOR TO THE EVENT

Insert your competition number here:

Class

Your use

A **At BRANDS HATCH on SATURDAY 9 NOVEMBER 2008.** **A**
Entry Fee: £190 for two races

PERSONAL DETAILS. **PLEASE WRITE IN BLOCK CAPITALS.**

Name of Entrant/Driver:

Comp 2008 Licence No: Grade Are you are BARC Member? YES/NO No:

Address for paperwork & tickets:

County: Postcode:

E-mail address:

Phone: Home: Work: Mobile: Fax:

Does the Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES/NO

Drivers Home Address (if different from above):

County: Postcode:

Phone: Home: Work: Mobile: Fax:

E-mail:

Name of Next of Kin to be notified in case of a serious accident: Relationship to Driver:

Address:

Phone: Mobile:

VEHICLE DETAILS

Make of Car: Type/Model: Year: CC:

Make/Tuner of Engine: Colour: Super/Turbo: Transponder No:

DECLARATION

"I declare that 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 the motor sport 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."

"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 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 or am exempt from an ASN specified medical examination within the specified period." [C(a)-26]

Any application form for an entry which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full name and address has been given. If I am the parent/guardian/guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA.

I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 3.

Signature of Driver: Signature of Entrant: Date:

AGE IF UNDER 18: **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 parents or guardian, whose full name & address is given below.**

Name of Parent or Guardian: Signature of Parent or Guardian:

Full Address:

Has the Driver raced before? : YES/NO At this Circuit in the current format? : YES/NO

Driver's licence to be signed? : YES/NO

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. **Cheques made payable to BARC SEC**.

Return to: Cheryl Tilbury, 14 St Mary's Drive, Benfleet, Essex. SS7 1LB Tel: 07982 187650

Cheque Enclosed: YES/NO

Do you wish to make a donation to the 'Marshals Fund' **YES/NO** **Confirm amount £**

(If so and paying by cheque, please include in your cheque and make cheques **payable to the BARC SEC**)

A handling fee of £4 will be added for credit / debit card entries.

Payment by VISA/MASTERCARD/SWITCH or MAESTRO / DELTA – delete NOT applicable Card Security Code

Please debit my Access/Visa/Switch Card No.

Start Date	**Expiry Date**	**Issue No Switch only**	**Card Holders signature**	**Issuing Bank**	**Payment Amount**

Name of Cardholder Contact Tel No:

Cardholders Address (where bill is sent)

Postcode:

Driver Signature Date