

## Entry Form: SE INT 1

### Quaife Intermarque League including Tigers

### At Brands Hatch (Indy) on Sat 27th March 2010

Entry Fee: £220

Closing Date: Sat 6th March 2010

#### Personal Details: Please complete in BLOCK CAPITALS

Name of Entrant/Driver:.....  
Comp licence no:..... Grade:.....  
BARC Membership number:.....  
Address:.....  
County..... Postcode.....  
E-mail address.....  
Home:..... Mobile:..... Work:.....  
Next Of Kin:..... Relationship:.....  
Address.....  
Home..... Mobile.....

#### Vehicle Details

Make:..... Model:..... CC.....  
Make/tuner of Engine..... Transponder No.....  
Colour..... Super/Turbo..... Year.....  
Class..... Car 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. H10.1.1.

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/Guardian..... Signature of Parent/Guardian.....  
Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

#### Payment Details

No entry will be accepted unless accompanied by the correct entry fee, shown at the top of this form, cheques to be made payable to **BARC SEC**

**If you wish to pay by credit or debit card then you need to enter online at [www.barc.net](http://www.barc.net) as we can no longer accept card payments with this form.**

Do you wish to make a donation to the marshals' fund? If so please confirm how much.....  
Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

**Entry Form: SE INT 2**  
**Quaife Intermarque League including Tigers**  
**At Cadwell Park on Sat10th April 2010**  
**Entry Fee: £195**  
**Closing Date: Sat 20th March 2010**

**Personal Details: Please complete in BLOCK CAPITALS**

Name of Entrant/Driver:.....  
 Comp licence no:..... Grade:.....  
 BARC Membership number:.....  
 Address:.....  
 County..... Postcode.....  
 E-mail address.....  
 Home:..... Mobile:..... Work:.....  
 Next Of Kin:..... Relationship:.....  
 Address.....  
 Home..... Mobile.....

**Vehicle Details**

Make:..... Model:..... CC.....  
 Make/tuner of Engine..... Transponder No.....  
 Colour..... Super/Turbo..... Year.....  
 Class..... Car 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. H10.1.1.

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/Guardian..... Signature of Parent/Guardian.....  
 Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

**Payment Details**

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....  
 Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

## Entry Form: SE INT 3

### Quaife Intermarque League including Tigers

### At Mallory Park on Sun 16th May 2010

Entry Fee: £300 – Includes free hospitality on race day, a free DVD of the event and testing at a reduced fee on Saturday 15th May.

Closing Date: Sat 24th April 2010

#### Personal Details: Please complete in BLOCK CAPITALS

Name of Entrant/Driver:.....

Comp licence no:..... Grade:.....

BARC Membership number:.....

Address:.....

County..... Postcode.....

E-mail address.....

Home:..... Mobile:..... Work:.....

Next Of Kin:..... Relationship:.....

Address.....

Home..... Mobile.....

#### Vehicle Details

Make:..... Model:..... CC.....

Make/tuner of Engine..... Transponder No.....

Colour..... Super/Turbo..... Year.....

Class..... Car 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. H10.1.1.

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/Guardian..... Signature of Parent/Guardian.....

Full Address.....

Has the driver raced before? Yes/No

At this circuit in the current format? Yes/No

#### Payment Details

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....

Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

**Entry Form: SE INT 4**  
**Quaife Intermarque League including Tigers**  
**At Snetterton on Saturday 29th May 2010**  
**Entry Fee £210**  
**Closing Date: Sat 8th May 2010**

**Personal Details: Please complete in BLOCK CAPITALS**

Name of Entrant/Driver:.....  
 Comp licence no:..... Grade:.....  
 BARC Membership number:.....  
 Address:.....  
 County..... Postcode.....  
 E-mail address.....  
 Home:..... Mobile:..... Work:.....  
 Next Of Kin:..... Relationship:.....  
 Address.....  
 Home..... Mobile.....

**Vehicle Details**

Make:..... Model:..... CC.....  
 Make/tuner of Engine..... Transponder No.....  
 Colour..... Super/Turbo..... Year.....  
 Class..... Car 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. H10.1.1.

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/Guardian..... Signature of Parent/Guardian.....  
 Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

**Payment Details**

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....

Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

**Entry Form: SE INT 5**  
**Quaife Intermarque League**  
**At Brands Hatch on Sat 12th & Sun 13th June 2010**  
**Entry Fee: £230**  
**Closing Date: Sat 22nd May 2010**

**Personal Details: Please complete in BLOCK CAPITALS**

Name of Entrant/Driver:.....  
 Comp licence no:..... Grade:.....  
 BARC Membership number:.....  
 Address:.....  
 County..... Postcode.....  
 E-mail address.....  
 Home:..... Mobile:..... Work:.....  
 Next Of Kin:..... Relationship:.....  
 Address.....  
 Home..... Mobile.....

**Vehicle Details**

Make:..... Model:..... CC.....  
 Make/tuner of Engine..... Transponder No.....  
 Colour..... Super/Turbo..... Year.....  
 Class..... Car 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. H10.1.1.

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/Guardian..... Signature of Parent/Guardian.....  
 Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

**Payment Details**

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....  
 Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

**Entry Form: SE INT 6**  
**Quaife Intermarque League**  
**At Lydden Hill on Sat 26th June 2010**  
**Entry Fee: £185**  
**Closing Date: Sat 5th June 2010**

**Personal Details: Please complete in BLOCK CAPITALS**

Name of Entrant/Driver:.....  
 Comp licence no:..... Grade:.....  
 BARC Membership number:.....  
 Address:.....  
 County..... Postcode.....  
 E-mail address.....  
 Home:..... Mobile:..... Work:.....  
 Next Of Kin:..... Relationship:.....  
 Address.....  
 Home..... Mobile.....

**Vehicle Details**

Make:..... Model:..... CC.....  
 Make/tuner of Engine..... Transponder No.....  
 Colour..... Super/Turbo..... Year.....  
 Class..... Car 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.

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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. H10.1.1.

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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/Guardian..... Signature of Parent/Guardian.....  
 Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

**Payment Details**

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....

Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

## Entry Form: SE INT 7

### Quaife Intermarque League

At Lydden Hill on Sat 17th & Sun 18th July 2010

Entry Fee: £195

Closing Date: Sat 26th June 2010

#### Personal Details: Please complete in BLOCK CAPITALS

Name of Entrant/Driver:.....  
Comp licence no:..... Grade:.....  
BARC Membership number:.....  
Address:.....  
County..... Postcode.....  
E-mail address.....  
Home:..... Mobile:..... Work:.....  
Next Of Kin:..... Relationship:.....  
Address.....  
Home..... Mobile.....

#### Vehicle Details

Make:..... Model:..... CC.....  
Make/tuner of Engine..... Transponder No.....  
Colour..... Super/Turbo..... Year.....  
Class..... Car 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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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/Guardian..... Signature of Parent/Guardian.....  
Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

#### Payment Details

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....  
Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

**Entry Form: SE INT 8**  
**Quaife Intermarque League including Tigers**  
**At Castle Combe on Sat 2nd October 2010**  
**Entry Fee: £225**  
**Closing Date: Sat 11th September 2010**

**Personal Details: Please complete in BLOCK CAPITALS**

Name of Entrant/Driver:.....  
 Comp licence no:..... Grade:.....  
 BARC Membership number:.....  
 Address:.....  
 County..... Postcode.....  
 E-mail address.....  
 Home:..... Mobile:..... Work:.....  
 Next Of Kin:..... Relationship:.....  
 Address.....  
 Home..... Mobile.....

**Vehicle Details**

Make:..... Model:..... CC.....  
 Make/tuner of Engine..... Transponder No.....  
 Colour..... Super/Turbo..... Year.....  
 Class..... Car No.....

**Declaration**

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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/Guardian..... Signature of Parent/Guardian.....  
 Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

**Payment Details**

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Do you wish to make a donation to the marshals' fund? If so please confirm how much.....  
 Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567

**Entry Form: SE INT 9**  
**Quaife Intermarque League including Tigers**  
**At Brands Hatch (Indy) on Sun 7th November 2010**  
**Entry Fee: £220**  
**Closing Date: Sat 16th October 2010**

**Personal Details: Please complete in BLOCK CAPITALS**

Name of Entrant/Driver:.....  
 Comp licence no:..... Grade:.....  
 BARC Membership number:.....  
 Address:.....  
 County..... Postcode.....  
 E-mail address.....  
 Home:..... Mobile:..... Work:.....  
 Next Of Kin:..... Relationship:.....  
 Address.....  
 Home..... Mobile.....

**Vehicle Details**

Make:..... Model:..... CC.....  
 Make/tuner of Engine..... Transponder No.....  
 Colour..... Super/Turbo..... Year.....  
 Class..... Car 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. H10.1.1.

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/Guardian..... Signature of Parent/Guardian.....  
 Full Address.....

Has the driver raced before? Yes/No At this circuit in the current format? Yes/No

**Payment Details**

No entry will be accepted unless accompanied by the correct entry fee, shown at the top of this form, cheques to be made payable to **BARC SEC**

**If you wish to pay by credit or debit card then you need to enter online at [www.barc.net](http://www.barc.net) as we can no longer accept card payments with this form.**

Do you wish to make a donation to the marshals' fund? If so please confirm how much.....  
 Please combine this donation with your entry fee and make one payment.

Return to: Howard Smith , 60 Algers Road, Loughton, Essex, IG10 4NG. Tel: 0208 508 1567