

# TEST DAY ENTRY FORM - THURSDAY 19<sup>TH</sup> JULY 2018

- **DEDICATED TEST DAY FOR THE 2018 SILVERSTONE CLASSIC EVENT**
- **TESTING FROM 09.00 - 17.00 IN CLASSES\* SUBJECT TO CHANGE**
- **£330 PLUS VAT AT 20% (£396.00)**
- **OPEN ONLY TO COMPETITORS AND THEIR RACE CARS REGISTERED FOR THE 2018 EVENT**
- **YOU MUST BE WEARING YOUR TEAM WRISTBAND AND DISPLAY YOUR SETUP PASS IN YOUR VEHICLE TO GAIN ACCESS TO THE CIRCUIT ON TEST DAY. THESE WILL BE ISSUED IN YOUR COMPETITOR PACK PRE-EVENT**
- **FOR 2 DRIVER RACES WHERE BOTH DRIVERS WILL BE TESTING, PLEASE ENSURE THAT A SECOND FORM IS COMPLETED AND RETURNED, LESS PAYMENT. IF TESTING MORE THAN ONE CAR, PLEASE SUBMIT ONE FORM PER CAR**

<b>RACE ENTERED:</b>			
<b>DRIVER DETAILS. Surname:</b>		<b>First Name:</b>	
<b>Address:</b>			
<b>Town:</b>		<b>Postcode:</b>	
<b>Country:</b>	<b>Email:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	<b>Fax:</b>	
<b>Race Licence No:</b>		<b>Grade:</b>	
<b>2nd DRIVER DETAILS (if applicable). Surname:</b>		<b>First Name:</b>	
<b>Race Licence No:</b>		<b>Grade:</b>	
<b>CAR DETAILS. Make:</b>		<b>Model:</b>	
<b>Year:</b>	<b>Colour:</b>	<b>CC:</b>	

## GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

- 1 I have read the General Regulations of the Motor Sports Association and 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 motor sport and agree to accept that risk. Further I understand that all persons that have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.
- 2 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.
- 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 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.
- 4 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.
- 5 I confirm at the time of the event I hold a current and valid competition licence
- 6 I understand that all test entry data will be processed by HSCC for and on behalf of Classic Historic Racing Limited (CHRL), owners and promoters of the Silverstone Classic

**SIGNATURES:** This entry form is not valid unless the driver has signed below.

<b>Driver:</b>	<b>Date:</b>
<b>Entrant:</b>	<b>Date:</b>

Any indemnity and or declaration prescribed above which is signed by a person who has not reached his or her 18th birthday must be countersigned by that person's parent or guardian:

<b>Driver under 18?</b>	<b>Yes</b>	<b>No</b>	<b>Entrant under 18?</b>	<b>Yes</b>	<b>No</b>
<b>Parent/Guardian Full Name:</b>			<b>Relationship:</b>		
<b>Address:</b>			<b>Postcode:</b>		
<b>Telephone:</b>		<b>Signature:</b>	<b>Date:</b>		

CHRL would like to keep you updated on plans for the Silverstone Classic as they unfold via a monthly newsletter - this will be sent to you by email. Please tick here to receive this.  You may choose to unsubscribe from these newsletters at any time - a link to enable you to do this is available with all CHRL email communications. If you'd like to contact CHRL by phone, the number is: +44 (0) 1483 524424.

Please complete and return by Thursday 5<sup>th</sup> July to: Historic Sports Car Club Ltd., Silverstone Circuit, Silverstone, Nr. Towcester, NN12 8TN.  
Telephone: 01327 858400, Fax: 01327 858500, Email: office@hsc.org.uk  
VAT Registration Number: 413 3854 67

**Signed:** .....

**Payment Details/Method. Please send a cheque for the amount due or fill in your Visa/Mastercard/Debit card information below.**

<b>Card Number:</b>																									
<b>Start Date:</b>	<b>Expiry Date:</b>						<b>Issue No:</b>																		
<b>Name on Card:</b>													<b>3 Digits on Reverse:</b>												