

Entry Fee Received		Date Acknowledged	Competition Number
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AR Motorsport Morgan Challenge

MGCC Brands Hatch 28th April 2019

Morgan races run under the AR Motorsport Morgan Challenge Regulations 2019.
Minimum National 'B' Licence required

ENTRY FORM

DRIVERS DETAILS			
DRIVERS NAME		SPONSORS NAME	
ADDRESS		ENTRANTS NAME & PERMIT NUMBER (If not driver)	
		POSTCODE	
TEL (Day):	TEL (Eve):	MOB:	
EMAIL			
MSA LICENCE		GRADE	
MSCC MEMBERSHIP		EXPIRY	

CAR DETAILS		
MODEL	CC	COLOUR
YEAR	CYLINDERS	TRANSPONDER
CLASS	RACE NUMBER	

A Separate ENTRY FORM MUST BE USED FOR EACH CAR AND EACH DRIVER

RACE	Indicate race entered by X	COST
Morgan Challenge Championship Race (2 x 20min race) ENTRY BY WEDNESDAY 17 TH APRIL	<input type="checkbox"/>	£380
Morgan Challenge Championship Race (2 x 20min race) ENTRY AFTER WEDNESDAY 17 TH APRIL	<input type="checkbox"/>	£420

NAME & ADDRESS OF RELATIVE OR FRIEND TO BE NOTIFIED IN CASE OF SERIOUS ACCIDENT		
NAME	RELATIONSHIP	TEL. NUMBER
ADDRESS		

PLEASE READ CAREFULLY AND COMPLETE REVERSE SIDE

GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS AND ENTRANTS

I hereby make application to participate in the Race Meeting to be held at Brands Hatch circuit on Sunday 28th April 2019. I certify that particulars of my car as given are correct.

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 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 relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

Any driver who has any medical condition or disability or who is currently on anti-coagulant therapy should declare this at the time of entering. Such information to be solely for the use of the Chief of Medical Services in the event of an accident.

Date _____ Signature of ENTRANT _____

Name in Block Capitals _____

Signature of DRIVER (if different from Entrant) _____

Name in Block Capitals _____

DRIVER EXPERIENCE

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

PAYMENT DETAILS

No entry will be accepted unless accompanied by the correct entry fee. Payment can be made either by cheque (payable to the Morgan Challenge Race Series) or bank transfer (account details below).

Cheque to the value of _____ Payable to **Morgan Challenge Race Series**

Bank transfer to the value of _____ under reference _____

Bank account **Nat West Bank. Sort Code 54-30-51, Account number 19422970**, Account name The Morgan Challenge Race Series. Please use your name as a reference.

Completed Entry Forms and payment should be sent by post to:

Katy Thompson, 8 Kingsgate, Lockington, DE74 2YX

Or emailed to katy.morganracing@gmail.com

LAST CLOSING DATE FOR ENTRIES – Friday 19TH April 2018

Late entries **MAY** be considered
Incomplete or illegible Entry Forms may be rejected