



Classic Sports Car Club Race Entry Form

Spa Summer Classic Race Meeting

Spa Francorchamps, Belgium

22nd/23rd/24th June 2018

Office Use No.
Date rec.
Rev
Fee
Acknowl.

Forms to be returned to - Hannah Gardin, CSCC, 1 Masons Wharf, Corsham, Wiltshire, SN13 9FY
email - info@classicssportscarclub.co.uk Fax - 01225 811337. CSCC competitors can enter online.

1. Race

Entries received after Wednesday 6th June 2017 may be accepted at the organisers discretion but will be subject to an additional £30 fee.

Race	Duration	Date	Cost	X to enter
CSCC Classic	2 x 40 mins	22nd/23rd/24th June	£645	
CSCC Inter-Series	2 x 40 mins	22nd/23rd/24th June	£645	
CSCC Sevens and Millennium	2 x 40 mins	22nd/23rd/24th June	£645/£545 _(2nd race)	
AR Motorsport Morgan Challenge (Ardennes Races)	2 x 40 mins	22nd/23rd/24th June	£645	
Spa 3 Hours	180 mins	22nd/23rd June	£1595	

CSCC Classic = Adams & Page Swinging Sixties and Mintex Classic K

CSCC Inter-Series = Tin Tops, Advantage Motorsport Future Classics, Modern Classics, Motorsports School Turbo Tin Tops and Smart 4Two Cup.

CSCC Sevens and Millennium = Gold Arts Magnificent Sevens, RSV Graphics New Millennium and CSCC 'Sports vs. Saloon'. £545 for drivers entering the S vs.S as a 2nd race

Spa 3 Hour = (TC), (GTS) and (GTP) from 1947 through to 1976, Two-seat racing cars under 2000cc From 1947 to 1965

In the event of your withdrawal in writing by Wednesday 6th June a full refund will be given. Thereafter a refund will only be given if a reserve takes your place.

Have you raced at Spa Francorchamps circuit before?

Y / N

Total Price = £

2. Driver Details

SEPARATE FORM REQUIRED FOR EACH CAR AND EACH DRIVER

If part of a two driver team are you -

The registered driver

OR 2nd Driver

Name of your team mate

(Must complete own form)

Driver Name

Email address

Driver Address

Postcode:

Mobile Phone Number

Daytime Number

Are you taking any medication that the Chief Medical Officer should be aware of?

Y / N

If yes, list medication details

Competition Licence No.

Grade

ASN (Licence Issuing Authority
e.g UK = MSA)

Please note that competitors holding a licence not issued by the MSA can only participate with written authorisation from their ASN (article 18 FIA International Sporting Code).

Member of which racing club e.g CSCC

Membership number

Friend or relative to be notified in the event of a serious accident:

Name

Relationship e.g friend

Contact no.

Address

Postcode:

3. Vehicle Details

Make of Car	<input type="text"/>	Model/Type	<input type="text"/>	Engine CC	<input type="text"/>				
Colour	<input type="text"/>	Transponder No.	<input type="text"/>	Year	<input type="text"/>	Class	<input type="text"/>	Race number	<input type="text"/>
Sponsors name (to appear in programme)		<input type="text"/>							

4. Entrant Details (only applicable if you have a valid Entrants licence issued by your ASN, usually for teams)

Entrants licence no.	<input type="text"/>	ASN	<input type="text"/>	Representative	<input type="text"/>	
Entrants name	<input type="text"/>		Email address	<input type="text"/>		
Entrants Address	<input type="text"/>					
					Postcode:	<input type="text"/>
Entrants mobile phone number	<input type="text"/>	Entrants landline phone number	<input type="text"/>			
Entrants signature	<input type="text"/>			Date	<input type="text"/>	

5. Driver under 18 Any indemnity and/or declaration as prescribed by the paragraphs below, if signed by a person under the age of 18 years, must be countersigned by the person's parent or Guardian, whose full name and address must be given.

Age if under 18	<input type="text"/>	Name of parent or guardian	<input type="text"/>			
Parent or guardian Address	<input type="text"/>					
					Postcode:	<input type="text"/>
Signature of parent or guardian	<input type="text"/>					

General declaration for all competitors and entrants

I hereby make application to participate in the Race Meeting to be held at Spa Francorchamps circuit on 22nd/23rd/24th June 2018.
I certify that particulars of my car as given are correct.

6. Signature Confirms you agree with any statement above as well as those contained in the supplementary regulations.

Driver signature	<input type="text"/>	Date	<input type="text"/>
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7. Payment No entry will be accepted unless accompanied by the correct entry fee.

I enclose a cheque/cash payable to Classic Sports Car Club Ltd. Refunds payable to -

Or please debit my Debit/Credit card (the club would prefer a debit card if possible):

Full card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3 digit security number Valid from date / Expiry date / Issue No.

For your security: If returning this form to the CSCC office as an email attachment, please phone through your card details to us.