Please send to: **BARC, THRUXTON CIRCUIT, ANDOVER, HAMPSHIRE SP11 8PN.**
Tel: 01264 882200 Fax: 01264 882233 E-mail: competitions@barc.net

HQ 09 / 01 TX1204

Particulars of Entry

Drivers Name:_____

Driver Address:_____

_____Postcode:_____

Tel: (Day)_____(Evening)_____E-mail:_____

Drivers Home Town / Country:_____

Comp Licence No:_____ Grade:_____ BARC Membership No _____

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

Name and address of relative or person to be notified in the event of a serious accident.

Name:_____Relationship:_____

Address:_____

Telephone: (Day)_____(Evening)_____

Entrant/Sponsor/Team Name: _____

Entrant Address:_____

_____Postcode_____

Ticket Address: _____
(if different from above)

_____Postcode_____

Event (Race) Entered:_____

Particulars of Car: Make:_____Model:_____

cc:_____Year:_____Championship Class :_____ Racing (Car) No. _____ MST Transponder Number _____

Drivers licence to be signed for upgrade: **YES / NO** Has driver competed at this circuit before: **YES / NO**

Do you wish to make a donation to the 'Marshals Fund' ? YES / NO Confirm amount donated £ _____
(If so and paying by cheque, please include in your cheque value and make cheques payable to BARC Ltd)

PAYMENT BY VISA / ACCESS / SWITCH / DELTA / MASTER CARD - SPECIFY WHICH TYPE **Card Security Code**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐ last 3 digits printed on card signature strip

Start Date **Expiry Date** **Issue No** **Cardholders Signature** **Issuing Bank** **Payment Amount**

(Switch only) Name of Bank or Building Society that issued the card

Name of Cardholder _____Contact Tel No. _____

Cardholders Address_____

_____Postcode:_____

(NOTE: A £4 handling charge will be made on all payments by credit card – no charge on payments by debit card)

NOTE: ALL SECTIONS OF THIS ENTRY FORM MUST BE COMPLETED CLEARLY OR ENTRY WILL BE REFUSED

GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS: I DECLARE THAT:

1. I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, the Supplementary Regs 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 in motorsport 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.

2. 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. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.

5. 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.

State age here if under 18 AGE: _____ **Parent/Guardian/Guarantor Signature**_____

Drivers Signature: _____ **Date:** _____