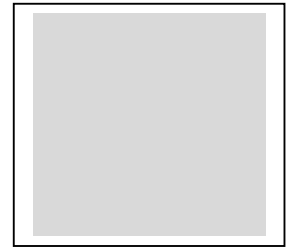




**RACE MEETING**  
**Brands Hatch Historic Super Prix**  
**Saturday 4<sup>th</sup> July – Sunday 5<sup>th</sup> July 2009**

**ENTRY FORM**

Entries Open: Wednesday 13<sup>th</sup> May 2009  
 Entries Close: 1700 hrs on Wednesday 10<sup>th</sup> June 2009



Name & Address

Home Telephone
Work Telephone
Mobile
Fax
MSA Comp Licence Number
MSA licence grade
Driver under 18 ? YES / NO

	Saturday 4 <sup>th</sup> July 2009	
A	HSCC Historic Road Sports supported by Zircotec	
B	HSCC Lloyds TSB Historic Formula 5000 and F2 Championship for the Derek Bell Trophy (Race 1)	
C	Super Sports (Race 1)	
D	Historic Formula 2 (Race 1)	
E	HSCC Classic Racing Cars inc. Peter Hanson Trophy Supported by Chartland Properties Ltd	
F	HSCC Guards Trophy supported by Dunlop Tyres	
G	FIA Historic Formula One Practice	

	Sunday 5 <sup>th</sup> July 2009	
I	HSCC Classic Formula 3 Championship supported by Motor Sport Magazine	
J	HSCC Lloyds TSB Historic Formula 5000 and F2 Championship for the Derek Bell Trophy (Race 2)	
K	Super Sports (Race 2)	
L	Historic Formula 2 (Race 2)	
M	HSCC/HRSR "ByBox Historic Saloon Car Championship	
N	HSCC Grandstand Motorsports Historic Formula Ford Championship in association with Avon Tyres	
O	FIA Historic Formula One (Race)	
P	HSCC/HFJRA Miller Oils Historic Formula Junior Championship	
Q	HSCC 70s Road Spots	

*NB: This may not be the order in which races will run - see final instructions*

**SECOND DRIVER or ENTRANT DETAILS** if different from driver

NAME:		ADDRESS:	
			POST CODE:
Telephone Number:	Fax Number:	Entrant's Licence Number:	

Address for Tickets/Passes etc: Entrant or Driver

**CAR DETAILS**

**Race Entered:**      **Class:**                      **Car: Make:**                      **Model:**                      **Manufactured:**

**Engine Capacity:**                      **Colour:**                      **VIF's: HSCC: YES/NO**    **FIA: YES/NO**    **Competition Number:**

**Transponder Number:**

***Details of person to be informed in the event of a serious accident:***

**This entry form is not valid unless this section is filled in.**

NAME:		ADDRESS:	
POST CODE:		Telephone:	

*This form should be read in conjunction with the HSCC Standard Supplementary Regulations issued on 31<sup>st</sup> January 2009 and available from the HSCC office or [www.hsc.org.uk](http://www.hsc.org.uk)*

The General Declaration and Payment Details sections below **MUST** be completed by all Competitors **PRIOR** to submission. The Meeting will be held under the General Regulations of The Motor Sports Association, (incorporating the provisions of the International Sporting Code of the FIA), the Supplementary Regulations and any written instructions that the organising Club may issue for the event.

**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 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.

**Has Driver competed at this circuit before? YES / NO.**

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

Driver	Date:
Entrant:	Date:

Any indemnity and or declaration prescribed above which is signed by a person <i>who has not reached his or her 18th birthday</i> must be countersigned by that person's parent or guardian:	
Driver under 18? Yes/No	Entrant under 18? Yes/No
Parent/Guardian Full Name:	Relationship:
Address:	
Postcode:	Telephone:
Signature:	Date:

**PAYMENT DETAILS / METHOD**

Card Number:																				
Start Date:		Expiry Date:		Issue No:																
Name on Card:																				

Please let us have a cheque for the entry fee(s) due, or alternatively your Credit Card details as follows:

MasterCard/Visa/Debit Card Number:.....Start date:.....

Expiry Date:.....Issue no.:.....Security Code (last 3 digits on back of card).....

**Entry Fee due:**  
**All races except below £250**  
**Guards Trophy £395**  
**HF2 and DBT £375**  
**FIA Historic Formula One As Group Agreement**  
**Super Sports Cup As Group Agreement**

Acknowledged	
Banked	
Reference	

**Total due: £.....**

**Signed: .....**