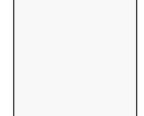


POST CODE:

Brands Hatch Super Prix 2014 Saturday 12 July 2014 – Sunday 13 July 2014 **ENTRY FORM**

Entries Open: Friday 16 May 2014 Entries Close: 17.00 Friday 27 June 2014



Name & Address					Home Telephone:						
					Work Telephone:						
					Fax Number:						
					Mobile Number:						
					e-mail:						
					MSA Comp Licence Number						
		MSA licence grade									
		Dri	Driver under 18 ? YES / NO								
Saturday 12 July 2014							Entry Fee	Tick			
Α	Historic Road Sports. Qual 15 Mins, Race 20 Mins All on Sat							£280			
В	70's Roadsports. Qual 15 Mins Race 20 Mins All on Sat							£280			
D	Guards Trophy Qual 25 Mins Race 40 Mins All on Sat							£480			
E		Qual 20 Mins Race 1 2				ns Sun		£475			
Н	Classic Racing Cars Qual 15 Mins Race 20 Mins All on Sat							£280			
J K	Historic Formula 3. Qual 15 Mins, Race 20 Mins All on Sat							£280 £475			
N	Derek Bell Trophy Qual Sat 20 Mins 2 Races Sun both 20 mins each							£475			
	Historic Formula 2 Qual Sat 20 Mins Race 1 Sat 20 Mins Race 2 Sun 20 Mins										
	O Super Touring Car Trophy Qual Sat 20 Mins Race 1 Sat 20 Mins Race 2 Sun 20 Mins £475										
Sunday 13 July 2014											
С	Historic Touring Cars Qual 15 Mins Race 20 Mins all on Sun						£280				
G	Historic Formula Ford Qual 15 Mins Race 20 Mins all on Sun							£280			
+	Classic Formula 3 Qual 15 Mins Race 20 Mins all on Sun						£280				
L M	Historic Formula Junior Qual 15 Mins Race 20 Mins all on Sun Historic Formula Ford 2000 Qual 15 Mins Race 20 Mins all on Sun						£280 £280				
IVI							final instruction				
NB: This may not be the order in which races will run - see final instructions											
SEC	OND DRIVER or	ENTRANT'S DETAIL	S (If differe	nt from	driver)					
SECOND DRIVER or ENTRANT'S DETAILS (If different from driver) NAME: ADDRESS:											
12233.											
						POS	Γ CODE:				
Tele	phone Number:	Fax	Number:				Entrant's Licen	ice Number			
relephone Number.						'	Littiant 3 Licen	- Namber.			
Address for Tickets/Passes etc: ENTRANT or DRIVER											
	Race Entered	Car Make	Car	Model		Class		Year of manu	facture		
						Olass					
Colour		Engine capacity	HSCC VIF	YES N		FIA VIF	YES NO	Normal competition			
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:											

Telephone:

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), and any written instructions that the organising Club may issue for the event.

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

- 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.
- 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.
- 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 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. *

*Please delete as appropriate								
SIGNATURES: This entry form is not valid unless to	the driver has signed below.							
Driver	Date:							
Entrant:	Date:							
	I							
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:								
Driver under 18? Yes/No	Entrant under 18? Yes/No							
Parent/Guardian Full Name:	Relationship:							
Address:								
Postcode:	Telephone:							
Signature:	Date:							
Less £50 for each addition	Acknowledged Banked Reference							
Card Number:								
Start Date: Expiry Date	: Issue No:							
Name on Card:	3 digits on reverse							
Signed: To compete in an HSCC Championship race you must	be an HSCC Member							