KIRKISTOWN CIRCUIT - ENTRY FORM, AUGUST 26/27 2016

Entries: open 1 March 2016 - close: 13 August 2016

SUPPLEMENTARY REGULATIONS

The 500 MRCI Ltd., Kirkistown Race Circuit, Rubane Road, Kircubbin, Co Down BT22 1AU, will organise a National B permit race meeting, No **93305** at Kirkistown Circuit.

The meeting will be held under the General Regulations of the RAC Motor Sports Association Ltd (incorporating the provisions of the International Sporting Code of the FIA) these Supplementary Regulations and any written instructions that the organising club may issue for the event.

Eligible Competitors: Members of 500 MRCI, SMRC, or any club affiliated to the ANICC or RIAC. All competitors must be holders of a current MSA or MI/RIAC Racing licence and medical certificate valid for the event, or a licence issued by E.C. ASN endorsed valid throughout the E.C. Licences, Medical Certificates and Club Membership Cards will be examined at signing-on. All drivers requiring upgrading signatures must request same at that point.

Direction and length of circuit: clockwise 1.53 miles. **Races:** A maximum of fifteen races will be run. **Programme:** Scrutineering: 08.00 am. **Practice** (Friday Aug 26) 5.00pm; (Sat Aug 27) 09.00am. **Racing:** 13.30pm.

Races are not necessarily run in the order shown. All races are of National B status unless specified.

NI FF1600 Championship x 2
Roadsports x 2
Fiesta Zetec x 2
BOSS Ireland x 2
HRCA Historics x 2
Saloon/GT (inc SEAT Cupra)
Irish F.Vee Championships x 2
Formula Sheane

ENTRY FORM: - 500 MRCI LTD RACES - KIRKISTOWN 26/27 August 2016

Please send to: 500 MRCI Ltd, Kirkistown Race Circuit, Rubane Road, Kircubbin, Co Down. BT22 1AU. Ph: 00442842 771325;Fax: 00442842 771894; e-mail: entries@kirkistown.com

Entrant's Name:	LICE	ence No:
Address:		
Driver's Name:	Comp Licence No: _	Grade:
Address:		
Phone No:	Licence to be signed YES/NO	Driver's Club:
E-Mail:	R	lace(s) entered:
Particulars of car: Make:	Model:	Year:
Engine Make: Ca	pacity:Transponder Numb	per:
500 MRCI Ltd Membership No	o: Usual Compe	tition No:
		ing) £200.00 <u>(A 25% surcharge will be</u> ceived without transponder details will not
be accepted. A REFUND LESS £10 (TEN WITHDRAWN LESS THAN 60)	N POUNDS) ADMINISTRATION CH	IARGE WILL BE MADE FOR ANY ENTRY CHARGE OF £15 (FIFTEEN POUNDS) WILL
Method of Paymer	nt:	
Total Payment: £_	Cheque made pa	yable to: 500 MRCI Ltd
TotalPayment:£	CardNo:	
IssueExpiry	SecCode	Signature:

*Visa *Access *Switch *Mastercard *Eurocard *Delta

Entries and Starters: The organisers have the right to select or refuse entries. The maximum for the meeting is 180. The minimum is 60. The maximum for each race is in accordance with track licence. The minimum for each race is 12. The minimum for each class is 3. Should any of the maximum figures not be reached the organisers have the right to either cancel the meeting or amalgamate races or classes as necessary.

Clerk of the Course: C.Edwards/J.Felix/m.Kelly/G.Manning/D.Quigley

Club Stewards: TBA RAC Steward: TBA

Secretary of Meeting: W Young RAC Timekeeper: H R Wright TKA Scrutineer: G Kennedy and Staff

Results and Protests: Provisional results will be published as soon as possible after each race. Protests

should be made in accordance with Section C of the 2016 Competitors Yearbook.

Start Positions: These will be determined by practice times. Grid starts will be used. Start penalties will be in accordance with MSA Regulations. There will be separate timed sessions for each race. Drivers must complete at least 3 laps to qualify for a place on the grid. Drivers practicing out of session or who qualify through familiarity of the circuit will be placed at the back of the grid in accordance with Q4.

Scrutineering etc: All vehicles entered must comply with MSA Vehicle, Formula and Tyre regulations. Competition numbers must conform to MSA vehicle standards. Change of entry will only be permitted with the consent of the stewards.

Admission: Entrants will receive tickets as follows: Driver plus two attendants.

Regulations: All other GCR's of the MSA apply and any other instructions issued by the organisers.

Awards: Trophies for 1st, 2nd and 3rd if 7 or more starters.

Important: Any indemnity and/or declaration as proscribed below which is signed by a person under the age of 18 years shall be countersigned by that person's parent or guardian, whose full name and address is given below:

Parent/Guardian:	 	
Address:	 	
Signature:		

General Declaration - For completion by all competitors - Kirkistown August 29 2015 | declare that:

- 1. I have read the Supplementary Regulations issued for this event and agree to be bound by them and by the General Regulations of the MSA Ltd. In consideration of the acceptance of this entry and of my being permitted to take part in the event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified the MSA Ltd, such person, persons or body as may be authorised by the MSA Ltd to promote or organise this event and their respective Officials, Servants, Representatives and Agents together with other competitors and their respective servants, representatives and against all actions, claims, costs, expenses and demands in respect of death or of injury to or damage to the property of myself my driver(s), passenger(s), mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.
- 2. To the best of my belief the driver(s) possesses the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and road worthy for the event having regard to the course and 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.

I. My age is	(if applicable state over 17	years)
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5. I undertake that at the time of the event to which this entry relates, I shall have passed the ASN specified medical examination within the specified period.

Entrant's signature:	Driver's signature:
Name and address of relative or person to b	pe notified in the event of a serious accident:
Name:	Telephone No:
Address:	