



2017 Plum Pudding Race Meeting Tuesday 26th December 2017 PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

	ILS								
Driver Name									
Address									
Addiess									
Licence Grade		Licence No		ASN					
Date of Birth	Club N	/lem No		Home Town					
Phone: Home		Work		Mobile					
Email Address									
Please indicate be	elow any prescr	ibed drugs or condi	tions which should	d be notified to the	e Medical Team				
SECTION 2 – VEHICLE DETA	ILS								
Usual Car		Make of	Car						
Number		Type/Mo	odel		сс				
Transponder No									
Sponsor Details									
SECTION 3 – EVENT DETAIL	c								
Please indicate below which r		to optor DIEACE	IOTE, AN ADDITION	IAL FORM IS BEOLI	IDED FOR AND DRIVER DETAILS				
Please illuicate below willcii i	TICK £		OTE: AN ADDITION	NAL FORIVI 13 REQU	IKED FOR 2" DRIVER DETAILS				
1 Sports Cars (Races 1 & 3)	√		ur 1 st time racing o	n this circuit? If V	as 🗸				
2 Saloon Cars (Races 2 & 4)									
Driver Share, Single Vehicle									
The closing date for entries is at 17.30 on Tuesday 19 th December. All entries received after this will be subject to a £25 late fee									
The closing date for entries is	at 17.30 on Tu	esday 19 th Decembe	er. All entries recei	ved after this will	be subject to a £25 late fee				
		esday 19 th Decembe of Relative to be No							
			tified in the Event		ent				
Nam		of Relative to be No	tified in the Event	of a Serious Accid	ent				
Name Name	e and Address o	of Relative to be Not Relationship	tified in the Event	of a Serious Accide Telephone	ent and agree to be bound by them. I declare that I am				
Name Address I declare that 1. I have been given an opportunity to r physically and mentally fit to take part in the event a risk. 2. To the best of my belief the driver(s) possess(regard to the course and the speeds which will be re	e and Address of the General Regulation of I am competent to do see) the standard of competenced. 3. The use of the vacached. 3. The use of the vacached.	ns of the Motor Sports Associations. I acknowledge that I understatence necessary for an event of the vehicle hereby entered is covered.	on and, if any, the Supplementand the nature and type of the te type to which this entry relad by insurance as required by	of a Serious Accide Telephone ary Regulations for this event are event and the potential risk in ates and that the vehicle enter the law which is valid for such	and agree to be bound by them. I declare that I am nherent with motor sport and agree to accept that red is suitable and roadworthy for the event having h part of this event as shall take place on roads as				
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2017 Plum Pudding Race Meeting Tuesday 26th December 2017

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

		Co	ntinuation Sheet	,						
	Driver Name			Car No						
SECTION 3 – PAYMEN						, 1				
The easiest way to pay is online via the BRSCC online entry system. If you would like to use this option, tick this burner and we will email you details of how to do it once we have received this completed form.										
OTHER OPTIONS: By Bank Transfer; Sort Code: 20-88-13 Account No: 60125024 IBAN: GB80 BARC 2088 1360 1250 24 SWIFTBIC: BARCGB22 To help us identify the payment, please use a reference of your initial then surname followed by the circuit and date. E.g. So John										
	ry Park on 26 th Decemb			me followed by the ci	rcuit and date. E.	g. 50 John				
By Cheque; made pay	able to BRSCC									
By credit/debit card: If you would like to pay via debit or credit card please tick this box and we will contact you via your mobile. Alternatively, after submitting this form, please call BRSCC HQ on 01732 783143 with your card details.										
	PLEASE	DO NOT WRITE	YOUR CARD DETAIL	S ON THIS FORM						
SECTION 4 – ENTRAN	T DETAILS									
'E'	this section if a valid				etails are entere	d below, the 1st				
	ited as the Entrant in a	iccordance with N	VISA Regulation [H :	1.3]						
Entrant Name Entrants Licence No		ASN		Representative Name						
Г		ASIV		Nepresentative Name						
Entrant Address				Г	Dostoodo					
					Postcode					
Phone: Home		Work		Mobile	2					
Email Address										
physically and mentally fit to take p. 2. To the best of my belief the drive to the course and the speeds which law. 4. I understand that should I at have declared such disability to the countersigned by that person's pare during any procedure being carried MSA General Regulations, agree to reserve to the consequences resulti Note: Where the Parent/Guardian/ agit to abide by the MSA Child PT Yearbook Regulations H39 and D35	n opportunity to read the General Reart in the event and I am competent to (r(s) possess(es) the standard of compy will be reached. 3. The use of the veh any time of this event be suffering fi ASN which has, following such decla ent/legal guardian/guarantor, whose I out under the Supplementary Regulai pay any appropriate charges and fee ng from those Regulations (and any st. Guarantor is not present there must otection Policy and Guidelines. Anti-C. 1 and have also fully familiarised my ided). Further, if I am counter-signing be so tested.	o do so. I acknowledge that I intended to a consideration of the constant of t	understand the nature and type to fithe type to which this entry id by insurance as required by the ermanent or temporary which is a permits me to do so. 5. Any age been given. 6. If I am the pare dithe General Regulations of the ons (to include any appendices I. Further, I agree to pay as liquic st produce a written and signed read and fully understood the Ethe web sites referred to (www.	of the event and the potential risk in relates and that the vehicle entered e law which is valid for such part of the likely to affect prejudicially my nor oplication form for a Licence which nt/Guardian/Guarantor of the drive MSA. As the Parent/Guardian/Guathereto) and hereby agree to be blated damages any fines imposed upleather to a control of the procedure for Control of Drugs and cukad.org.uk and www.wada-ama.	nherent with motor sport ar is suitable and roadworthy: this event as shall take place mal control of the vehicle, I was signed by a person under I understand that I shall h rantor I confirm that I have: ound by those Regulations oon me up to the maxima se arent/Guardian/Guarantor Alcohol as contained in the org) in particular the UK An	Id agree to accept that risk. For the event having regard on roads as defined by the may not take part unless I ler the age of 18 years was ave the right to be present acquainted myself with the and submit myself without et out in Part 3, Appendix 1. as appropriate. 7. I hereby Competitors' and Officials' ti Doping Rules which have				
Entrant Signature				Date						
Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below										
Name of Parent/Guardian			Signature of Pa	rent/Guardian						
Full Address										
SECTION 5 – NOTES F	OR COMPLETION									
	hat all information is comple									
	try form electronically, plea e reminded that any entry n									
SECTION 6 – FOR OFF				,						
Date Received										
Date Acknowledged										
Entry Fee Paid			Date							
Method of Payment										
Amount Refunded			Date							