

Wolds Trophy

Cadwell Park Circuit
Saturday 17 June 2017 – Sunday 18 June 2017

ENTRY FORM

Entries Open: Friday 14th April Entries Close: Friday 26th May

N												
Name & Address Home Telephone:												
				Wo	Work Telephone:							
				Fa	x Numb	oer:						
				Мо	bile Nu	ımber:						
					nail:							
				1 -			e Number	•				
						ce grade						
				Dri	ver und	der 18?	YES / NO					
Saturday 17th & Su	nday 18th Jun	e 2017	,						ntry ee	Tick		
70s Road Sports 15 Min Qualifying 20 Min Race on Saturday & 20 Min Race on Sun							325					
Historic Formula Ford 2000 Supported by Lackford Engineering 15 Min Qualifying 20 Min Race on Saturday & 20 Min Race on Sun						in	325					
Historic Formula 3 15			n Race on S	Saturday	v and 2	0 Min Ra	ace on Sur	n £	325			
Historic Formula Ford	d in association	with A	von Tyres S	Supporte	ed by R	adio Car		А	325			
B 15 Min Qualifying each 20 Min Race on Saturday & 20 Min Race on Sun HSCC/FJHRA Silverline Formula Junior Front Engine 15 Min Qualifying 20 Min Race on Saturday & 20 Min Race on Sunday							İ	325				
HSCC/FJHRA Silverline Formula Junior Rear Engine 15 Min Qualifying 20 Min Race on Saturday & 20 Min Race on Sun							£	325				
Historic Road Sports 15 Min Qualifying 20 Min Race on Saturday & 20 Min Race on Sun								325				
HSCC/HRSR Historic Touring Cars 15 Min Qualifying 20 Min Race on Saturday & 20 Min Race on Sun						t	325					
Classic Racing Cars with URS FF2000 15 Min Qualifying Saturday & 2 x 20 Min Race on Sun						7	325					
Classic Clubmans 15			-						325			
٨	IB: This may no	ot be th	e order in w	hich rac	ces will	run - see	e Final Ins	tructio	ns			
SECOND DRIVER o	r ENTRANT'S	DETAI	LS (If differe	ent from	driver)						
NAME:				AD	DRES	S:						
						POS	ST CODE:					
Telephone Number:		Fax	Number:						cence Number:			
·												
Address for Tickets/F CAR DETAILS	Passes etc:		ENTR	ANT	0	r I	DRIVER					
Race Entered	Car Mak	е	Car	^r Model		Class			Year	of manufad	ture	
Colour	Engine cap	acity	HSCC VIF	YES	NO	FIA VIF	YES	NO	Competition number			
Transponder nu	mber											
Details of person to					accide	nt:						
This entry form is n NAME:	ot vallu ullies	อ แแอ 8	<u> </u>		DRES	S:						
DOST CODE:		Tolor	hono									
POST CODE:		Telep	HOHE.									

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 the driver has signed below

SIGNATURES. THIS	citti y toriii is not vand unicss	tile ulivel lias sig	lied pelo	vv.			
Driver			Date:				
Entrant:				Date:			
18th birthday must be	declaration prescribed above whice countersigned by that person's p	arent or guardian:			hed his o	r her	
Parent/Guardian Full	river under 18? Yes/No Name:	Entrant under Relationship:	18? YE	es/INO			
Address:							
Postcode:	Telephone:						
Signature:	Date:						
PAYMENT DETAILS / Please send a cheque	METHOD for the amount due or fill in your \	/isa / Mastercard / Del			low		
			Acknowled Ban	-			
Total due:	£		Refere				
Less £50 for each add	itional Race entered						
Card Number:							
Start Date:	Expiry Da	e:	ı	ssue No:			
Name on Card:			3 digits or	n reverse			
Signed:							
To compete in an HS	CC Championship race you mus	st be an HSCC Memb	ner				

This entry form should be read in conjunction with the HSCC Standard Race Regulations issued on 31st January 2016

Fax: 01327-858500

Available from the HSCC office or www.hscc.org.uk. Email office@hscc.org.uk

Historic Sports Car Club Ltd, Silverstone, TOWCESTER, NN12 8TN Tel: 01327-858400