Vee Festival

28/29 October 2017 – Brands Hatch Indy

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations

ENTRY FORM TO BE COMPLETED IN BLOCK CAPITALS

A separate entry form is required for each car

ENTRIES OPEN: On Publication

Entering this race meeting entitles you to free membership of MSVR

Date: (Internal use only)

Fee: (Internal use only)

Please send the completed entry form to James King at MSVR – details at the bottom of this form

Name of Driver (CAPITAL LETTERS): .....

Nationality of Driver: .....

ENTRY FEE £260

IS AN ENTRANTS LICENCE HELD IN THIS NAME? **YES / NO** (Delete as applicable)

Address (for Correspondence).....

.....

..... Postcode.....

Telephone No. .....

Email Address.....

Entrant/Team/Sponsor.....

Particulars of Entry:

Vee Festival

(1 x 15 minute qualifying and 3 x 15 minute races)

Make/Model	
Colour	
Transponder Number	
Year of Manufacture	
Cubic Capacity	
Preferred Car Number	

Have you raced at this circuit before? **Yes / No**

STATE YOUR AGE IF UNDER 18 (.....years old)

Permanent Residential Address of Driver **(If different from above)**:

.....

.....

..... Postcode: .....

GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS

I hereby make application to participate in the National B Race Meeting(s) to be held at this circuit on the dates specified. I certify that the particulars of my entry and my vehicle as given are correct.

I declare that I have been given the opportunity to read the General Regulations of the Motor Sports Association and, if any, 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 having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

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.

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.

PLEASE ENSURE THAT THIS FORM IS SIGNED AND DATED

Signature of **Driver** (If other than entrant): _____ Competition Licence No. _____ ASN Issuing Licence, e.g. MSA _____

Signature of **Entrant** or **nominated representative**: _____ Competition Licence No. _____ ASN Issuing Licence, e.g. MSA _____

Date.....

IMPORTANT: Any indemnity and/or declaration as prescribed by the paragraphs above that is signed by a person **under the age of 18** shall be countersigned by that person's parents or guardian, whose full name and address shall be given below:

Full Name of Parent or Guardian.....

Relationship.....Signature.....

TO BE COMPLETED BY ALL COMPETITORS

In case of accident please contact the following:

Name .....Relationship .....

Address .....

.....Postcode .....

Telephone (Mobile).....

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ENTRY FEE PAYMENT: £260

By credit/debit card - Please complete the section below ***in full***. **Please note – CHEQUES ARE NOT ACCEPTED**

I wish to pay by Visa / Delta / MasterCard: I authorise you to debit my account with the amount of **£260**

Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Security Code:** ☐☐☐

Start Date: (If shown)**:** Maestro/Switch cards ☐☐☐☐ **Expiry Date:** ☐☐☐☐ **Name: (as on card)** .....

Signature..... **Card Holder's Address** .....

..... **Postcode:** ..... **Telephone**.....

DEFACED, INCOMPLETE OR AMENDED ENTRY FORMS ARE INVALID

Organised by MotorSport Vision Racing, Brands Hatch Circuit, Fawkham, Longfield, Kent DA3 8NG Tel: + (0) 1474 875207 Fax: + (0) 1474 874766 E-mail: james.king@msv.com