



2018 CLASSIC TOURING CAR CHAMPIONSHIP

EVENT ENTRY FORM

PLEASE COMPLETE ALL REQUIRED SECTIONS IN BLOCK CAPITALS

2018 NOTES FOR COMPLETION

- Please ensure that all information is completed, as if you do not do so, your entry will not be accepted.
- If submitting entry form electronically, please insert a "Digital Signature" or "X" in the required signature sections.
- Competitors are reminded that any entry not fully completed or not accompanied by the correct fee is NOT a valid entry.

SECTION 1 – DRIVER DETAILS

First Name: Surname:

Address (1st Line):

Town: Postcode: Date of Birth: / /

BARC Memb No: Email:

Home Phone: Work Phone: Mobile Phone:

Licence No: Licence Grade: ASN:

Is the Driver taking any prescribed medication or suffering from any condition which should be notified to the medical team?

If Yes, Please give details -

Next of Kin Name: Relationship to Driver:

Home Phone: Mobile Phone:

I declare that: **1.** I have been given an 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 and competent to take part in the event. I understand that motorsport is dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. **2.** 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. **3.** The use of the vehicle hereby entered is covered by insurance as required by the law which is valid for such part of this event as shall take place on roads as defined by the law. **4.** 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 the 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. **5.** Any application form for a Licence which was signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given. **6.** If I am the Parent/Guardian/Guarantor of the driver I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby agree to be bound by those Regulations and submit myself without reserve to the consequences resulting from those Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines imposed upon me up to the maxima set out in Part 3, Appendix 1. **Note: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.** **7.** I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct. **8.** I undertake that at the time of the event to which this entry relates I shall have passed or am except from an ASN specified medical examination within the specified period. (H10.1.6) **9.** I have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the MSA Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti-Doping Rules which have been adopted by the MSA (as amended). Further, if I am counter-signing as the Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested. **Indemnity:** In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the land owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in this event. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever and howsoever arising from my participation in this event.

Driver Signature: **Date:** / /

Age if Under 18: 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 and address is given below.

Name of Parent/Guardian: **Signature of Parent/Guardian:**

Address:

SECTION 2 – VEHICLE DETAILS

Marque: **Model:**

Engine Size (cc): **Transponder No:**

Competition Number: **Racing Championship & Class:**

Team Name/Sponsors Info:

Power to Weight Declaration (Required): Car Power (BHP) = Car Weight (KG) =

SECTION 3 – ENTRANT DETAILS

NB: This section is only to be completed if a valid Entrants Licence has been issued by your ASN. If no Entrant Licence is held then the Driver whose details have been entered in Section 1 will be automatically nominated as the Entrant in conjunction with MSA Regulation (H1.3).

First Name: **Surname:**
Address:
Postcode: **Entrant Signature:**
Home Phone: **Work Phone:** **Mobile Phone:**
Email Address:
Entrant Licence Number: **ASN:**

SECTION 4 – EVENT DETAILS

Date	Venue	Entry Fee	Discount Entry Fee	Entering	1 st Time at Circuit?
March 24 th – 25 th	Silverstone Nat	£339.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>
April 21 st – 22 nd	Croft	£339.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>
May 28 th	Mallory Park	£334.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>
June 16 th	Rockingham	£339.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>
August 4 th – 5 th	Snetterton	£339.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>
September 29 th	Donington Park	£339.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>
October 27 th – 28 th	Brands Hatch	£339.00/£390.00 (Pre 66)	£299.00/£350.00 (Pre 66)	<input type="checkbox"/>	<input type="checkbox"/>

TICK BOX TO ENTER REQUIRED RACE MEETING

INDICATE IF YOU HAVE NOT RACED AT THIS CIRCUIT BEFORE

NB: EARLY ENTRY DISCOUNT – DISCOUNT FEE APPLIES IF FEE IS PAID 10 DAYS OR MORE BEFORE THE MEETING

SECTION 5 – BARC MEMBERSHIP DETAILS

Full BARC Racing Membership - £120.00 **NB: BARC Membership is required to compete in this Championship. Entries without a Full or Weekend Membership will be refused. Weekend Membership is available from the Classic Touring Car Racing Club directly.**

SECTION 6 – MARSHALS FUND DETAILS

Would you like to make a donation to the “Marshals Fund”? **If “Yes”, please state amount**

SECTION 7 – PAYMENT DETAILS

I wish to make payment for my race entries by the following payment method: (Please choose one from the following)

1. **Cheque:** (Cheques are to be made payable to “BARC LTD”)
2. **Bank Transfer:** (Bank: Barclays, Account Name: BARC LTD, Account Number: 63502724, Sort Code: 20-19-90)
3. **Credit/Debit Card:** (If paying by card, please select from the payment options below)
4. **Online Payment:** (Tick box on right to be registered for online payment system)

Card Payment Options: (If paying by card only, please choose one from the following)

- **Option 1** – All rounds selected in Section 4 in one payment. (Payment to be made before closing date of first round selected)
- **Option 2** – Payment to be taken 20 days before each round selected in Section 4.

Card Type: **Credit-** **Debit-** **Card Number:**
Start Date: / **Expiry Date:** / **Security Code:** (Last 3 digits on Signature Strip)
Name on Card: **Card holders Signature:**

SECTION 8 – CHAMPIONSHIP REGISTRATION DECLARATION

I have registered for the 2018 Classic Touring Car Championship and have been issued a Race Number via the CTCRC. I agree to abide by all the Sporting and Technical regulations produced by the CTCRC, BARC and the MSA, including any amendments or clarifications that may be made by these parties throughout the 2018 season.

Driver Signature: **Date:** / /

To submit a completed entry form:

Fax: 01264 882233 **Email:** dwhheadon@barc.net **Print & Post:** BARC, Thruxton Racing Circuit, Andover, Hampshire. SP11 8PW