

Official Use Only Fee Received Accepted Competition Number P1 P2 P3



500 Owners Association

VSCC Cadwell Park 23rd July 2017

RACE ENTRY FORM

A separate entry form must be used for each car and each driver Please use block capitals

Car Details:	
Make of car	Engine Make and Type
Type or Model	Bore x Stroke & Cubic Capacity
Year	. 500OA VIF Number
Class - P1(1945-50); P2 (1951-53); P3(1954 on)	; I (invitation)
Entrant Details:	
Entrant's Name	
Entrant's Address	
	Post Code
Tel Number (home)	Tel number (mob)
e-mail address	
Driver Details:	
Driver's Name	
Driver's Address (if different to above)	
	Post Code
Tel Number (home)	Tel number (mob)
e-mail address	
Licence number Grade	ASN
5000A Membership Number	Preferred Race Number
Transponder Number	
NEXT OF KIN DETAILS – PLEASE COMPLETE	
In the event of a serious incident we can conta	ct:
Name Telephone N	lumber/s





GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS AND ENTRANTS

- o 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.
- o 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. I understand that motorsports can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risk may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptable of this entry I agree that neither one or any combination of the MSA and its associated clubs, the organisers, the track 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 the event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. 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
- o 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. 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 declare that the use if the vehicle hereby entered will be 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 law. If I am the Parent or Guardian 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.
- o I confirm that I have acquainted myself and the minor 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.
- I understand that should I at any 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 license 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 have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors and Officials Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarized 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. Further, if I am countersigning as the Parent or Guardian of a minor then in addition to the deem consent to the testing of that minor (UKAD Code Art 5.6.2_ I hereby confirm that I give such consent for the minor concerned to be so tested. I hereby agree to abide by the MSA Child Protection Policy and Guidelines and the National Sporting Code of Conduct.

Signature of Entrant	Age (if under 18)
Name in block Capitals	Date
Signature of Driver	Age (if under 18)
Name in block Capitals	Date
IMPORTANT : Any indemnity and/or declaration as prescribed by the paragraphs above the age of 18 years, must be countersigned by the person's parent or Guardian, whose given	• •
Name of parent or Guardian	
Full Address	
Signature of Parent or Guardian	

		Payment Det	ails		
No entries will be accepted unless	accompanied by	the correct e	ntry fee		
Payment by cheque made pay	able to: "The 5	00 OWNER	S ASSOCIATION"		
By BACS to: The 500 Owners Ass	ociation Ltd HSBC	Bank, Studley	; Sort Code 40-43-54	Account No 9100	03380
If paying by BACS please include	your name and	the code Cac	lw17 in the reference	e section	
Payment methods					
1. I enclose a cheque for the total of: £225 per entry					
2. I have paid by BACS for the total of: £225 per entry					
3. Please debit my credit card for	the total of: £230	per entry (inc	cluded a £5 fee for the	card facility)	£
Card number					
			Issue		
Start date /	Expiry date		No: Maestro	3 digit security code	
Lauthorise my card to h			Signed		
I authorise my card to be debited for the total					

Completed Entry Forms, General Declaration, Driver/Car Background and payment should sent to:

Xavier Kingsland, 10 Donigers Dell, Swanmore, Hampshire, S032 2TL Email: xavierfkingsland@gmail.com Phone: +44 (0) 1489 891482

By the closing date 9th July 2017

500OA Cancellation Policy:

amount indicated above:

Cancellations up to 14 days before the race meeting – Full refund less £15.00 fee Cancellations 13 days or less before the race meeting no refund