500OA - 500cc Formula 3

PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

SECTION 1 – D	RIVER DE	TAILS									
Driver Name											
Driver Address											
Licence Grade			Li	icence No			ASN				
Date of Birth	Club Mem No Home Town										
Phone: Home			Work			Mobile					
Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team											
. Touse material any presentated drugs of containing which should be notified to the medical rediff											
SECTION 2 – VEHICLE DETAILS											
Com Novemb				Make of	Car						
Car Numb	er			Type/Mo	odel			сс			
Transponder	No		_	Class			Year	r			
Sponsor Deta	ails										
SECTION 3 – E	VENT DE	TAILS									
			Entry Fee	Enteri	ng	Yes					
10 April 2015	Bra	ands Hatch	£180.00	5000 F3	is this your 1 st time racing at						
	ľ	Name and Address	of Relativ	e to be No	tified in the	Event of a Serio	us Accident				
Name			Rel	ationship		Те	lephone				
Address											
physically and mentally fit to risk. 2. To the best of my beli regard to the course and the defined by the law. 4. I under part unless I have declared si years was countersigned by the present during any procedur with the MSA General Regul without reserve to the consex Appendix I. Note: Where the hereby agree to abide by the Officials' Yearbook Regulation have been adopted by the M such consent for the minor consen	take part in the elef the driver(s) pc es speeds which wirstand that should uch disability to the hat person's parele being carried ou ations, agree to pquences resulting Parent/Guardian, e MSA Child Protens H39 and D35.1 ISA (as amended).	event and I am competent to a possess(es) the standard of com II be reached. 3. The use of the II at any time of this event be the ASN which has, following sunt/legal guardian/guarantor, we the under the Supplementary Re the ay any appropriate charges are the from those Regulations (and /Guarantor is not present ther ction Policy and Guidelines. A and have also fully familiarised. Further, if I am counter-signir	do so. I acknowled ipetence necessar he vehicle hereby suffering from any ich declaration, iss whose full names a gulations issued fi de fees pursuant t any subsequent a re must be a repre: unti-Doping Special d myself with the i	Ige that I understa y for an event of t entered is covere y disability whether sued a licence whi nd addresses have or this event and to to those Regulation iteration thereof). sentative who mu! I Note 8. I have re information on the	and the nature and to he type to which this d by insurance as rec r permanent or temp th permits me to do been given. 6. If I ar the General Regulatio as (to include any ap Further, I agree to p est produce a written to ad and fully underst web sites referred t	ype of the event and the pent of the policy relates and that the quired by the law which is porary which is likely to aff so. 5. Any application form the parent/Guardian/Gunons of the MSA. As the Paropendices thereto) and heropy as liquidated damages and signed authorisation to too differ the Procedure for Coro (www.ukad.org.uk and with the deemed consent to	otential risk inherent with a vehicle entered is suitable valid for such part of this sect prejudicially my normal for a Licence which was signantor of the driver I under ent/Guardian/Guarantor I ceby agree to be bound by any fines imposed upon m so act from the Parent/Gutrol of Drugs and Alcohol a tww.wada-ama.org) in partithe testing of that minor (be bound by them. I declare that I am motor sport and agree to accept that and roadworthy for the event having event as shall take place on roads as control of the vehicle, I may not take gned by a person under the age of 18 rstand that I shall have the right to be confirm that I have acquainted myself those Regulations and submit myself e up to the maxima set out in Part 3, Jardian/Guarantor as appropriate. 7. I as contained in the Competitors' and icular the UK Anti Doping Rules which Art 5.6.2) I hereby confirm that I give			
Driver Signatu		w indemnity and /or	r declaration	n as describe	ed by the para	J	oate	person under the age of			
Age if Under 18							ose full name & ad				
Name of Parent/	e of Parent/Guardian					Signature of Parent/Guardian					

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E. II o I I		i LLAS	DEOCK	C. I. IIALO AND	CO.M. ELIE ALE						
Full Address											
			Co	ntinuation Sh	eet						
	Driver I	Name				Car No					
SECTION 3 –											
			to this account	t: The 500 Ow	ners Associat	tion Limit	ed HSBC Bank, Studley.				
Payment by bank transfer / BACS to this account: The 500 Owners Association Limited HSBC Bank, Studley, Sort Code 40-43-54 Account Number 91003380 BIC MIDLGB22 IBAN GB64MIDL40435491003380											
Payment by cheque made out to The 500 Owners Association Ltd											
SECTION 4 -	ENTRANT	DETAILS									
Please only co	mplete this	section if a v	alid Entrants Licer in accordance wit			iN. If no de	etails are entered below, the 1 st				
Entrant Name											
Entrants Licen	ce No		ASN		Representative	e Name					
Entrant Addres	ss					_					
							Postcode				
Phone: Home			Work			Mobile					
Email Addı	ress										
physically and mentally f 2. To the best of my belie to the course and the spe law. 4. I understand that have declared such disal countersigned by that pe during any procedure be MSA General Regulation reserve to the consequer Note: Where the Parent, agree to abide by the M Yearbook Regulations H3	it to take part in the e ef the driver(s) posses- eeds which will be rea es should I at any time bility to the ASN whic erson's parent/legal g ing carried out under s, agree to pay any a nces resulting from th /Guardian/Guarantor AS Child Protection P 99 and D35.1 and hav is (as amended). Furt	event and I am compe s(se) the standard of ched. 3. The use of the of this event be suffe h has, following such uardian/guarantor, w the Supplementary F ppropriate charges a ose Regulations (and is not present there oflicy and Guidelines. we also fully familiaris ther, if I am counter-s	tent to do so. I acknowledge the competence necessary for an e en vehicle hereby entered is covering from any disability wheth declaration, issued a licence whose full names and addresses tegulations issued for this even and fees pursuant to those Regany subsequent alteration their must be a representative who Anti-Doping Special Note 8. If ed myself with the information	at I understand the nature tivent of the type to which t vered by insurance as requi er permanent or temporar which permits me to do so. have been given. 6. If I an t and the General Regulati ulations (to include any ag- reof). Further, I agree to pa must produce a written a nave read and fully unders! on the web sites referred	and type of the event and his entry relates and that the red by the law which is validy which is likely to affect p 5. Any application form for the parent/Guardian/G	the potential risk in the vehicle entered id for such part of the prejudicially my norror a Licence which warantor of the drive rent/Guardian/Guarteby agree to be bony fines imposed up to so act from the P. to the proper of Drugs and A www.wada-ama.o	and and agree to be bound by them. I declare that I am wherent with motor sport and agree to accept that risk. is suitable and roadworthy for the event having regard his event as shall take place on roads as defined by the mal control of the vehicle, I may not take part unless I was signed by a person under the age of 18 years was I understand that I shall have the right to be present antor I confirm that I have acquainted myself with the bund by those Regulations and submit myself without on me up to the maxima set out in Part 3, Appendix 1. arent/Guardian/Guarantor as appropriate. 7. I hereby Alcohol as contained in the Competitors' and Officials' rigg) in particular the UK Anti Doping Rules which have that minor (Art 5.6.2) I hereby confirm that I give such				
Entrant Sign	nature					Date					
Age if Under 18	3	Any indemnity	-	•	agraphs above which ts or guardian, who	•	a person under the age of 18 shall be address is below				
Name of Parent/Guardian			Signature of Parel								
Full Address											
SECTION 5 –	NOTES FO	R COMPLE	TION								
			ion is completed a onically, please ind	' - '	=						
			any entry not acc	_							
SECTION 6 –	FOR OFFIC	E USE ONI	_Y	7							
Date Receive	ed			<u></u>	Date Acknow	wledged					
Entry Fee Paid				Date							
Method of P	Payment										
Amount Refunded				Date							