Trophees Historique d Race Meeting Dijon en Prem Friday 30th September – Sunday 2nd HSCC Martini Trophy Races ENTRY FORM Entries Open: Monday 1 st August 2011 Entries Close: 1700 hrs on Wednesday 14 th Sep	October 2011										
DRIVER DETAILS:											
Name	Telephone Numbers:										
Address	Home:										
	Work:										
	Fax:										
	Mobile:										
Post Code	e-mail address:										
Country	Licence Number:Grade:										
Country	Driver under 18?:										
One 30 minute practice and two 30 minute races. <u>Eligible Classes:</u> Open to all 2 Litre Open Cockpit 2 Litre Sports Cars conf <u>Licence Requirements:</u> The minimum of National A or International Historic <u>Timetable:</u> TBA Will be released on HSCC Website www.hscc.org.t SECOND DRIVER OR ENTRANT'S DETAILS (If differen	ak when released by the event organisers										
NAME:											
	POST CODE:										
Telephone Number: Fax Number: Address for Tickets/Passes etc: Entrant or Driver	Entrant's Licence Number:										
CAR DETAILS Please circle class: Guards 70s	HRS HTC										
Car: Make: Model:	Year:										
Engine Capacity: Colour: V	TF's: HSCC: YES/NO FIA: YES/NO Competition Number:										
Transponder No: Details of person to be informed in the event of a serious accident:											
NAME:ADDRESS:.											
Telephone:											

The General Declaration and Payment Details sections below MUST be completed by all Competitors PRIOR to submission.

GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

- 1 In consideration of the acceptance of this entry and my being permitted to take part in this event, in respect of any parts of the event not held on a publicly adopted road, I agree to save harmless and keep indemnified any such Person, Persons or Body as may be authorised by the promoters or organisers of this event and their respective Officials, Servants, Representatives and Agents together with other Competitors and their respective Servants, Representatives and Agents from and against all actions, claims, costs, expenses and demands in respect of Death of or Injury to or Damage to the property of Myself, my Driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.
- 2 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.
- 3 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.
- 4 I undertake that at the time of the event to which this entry relates I shall have passed an ASN specified medical examination within the specified period.

Has Driver competed at this circuit before? YES / NO.

SIGNATURES:

Driver:

Entrant:

Date:

Date:

Any indemnity and or declaration prescribed above which is signed by a person <i>who has not reached his or her 18th birthday</i> must be countersigned by that person's parent or guardian:										
Driver under 18? Yes/No	Entrant under 18? Yes/No	Parent/Guardian Full Name:								
Relationship:	Address:									
		Postcode:	Telephone:							
Signature:		Date:								

PAYMENT DETAILS / METHOD

MasterCard / Visa / Debit Card details. Please note the HSCC cannot process American Express Cards.

Credit/Debit Card No																				
Expiry Date:					Start Date:					Issue Num			er:		3 digit curity code:					
Please debit th	e abov	/e cai	rd																	
				Sign	ed:	•••••				 ••••										
Or alternativel	y plea	se se	nd a	chequ	e for th	e follov	ving a	mount	:			l								
							Ba	nked												
Entry Fee due: 750 Euro (Sterling equivalent to be taken)									Refe	ence										
Please return	•		•			r Clu									R, I	NN1	28	TN	[

Tel: 01327-858400Fax: 01327-858500E-mail office@hscc.org.ukWebsite www.hscc.org.uk