

Oulton Park Gold Cup 2014
Saturday 23rd August –Monday 25th August 2014 **ENTRY FORM** 

Entries Open Thursday 10 July 2014 Entries Close: 17.00 Friday 08 August 2014

Name & Address					Home Telephone:								
					Work Telephone:								
					Fax Number:								
					Mobile Number:								
					e-mail:								
					MSA Comp Licence Number								
						MSA licence grade							
							Driver under 18? YES / NO						
	Sunday 24 August									Entry Fe <b>e</b>	Tick		
Α	Historic Road Sp	orts: 15 min Qua	I Sat, 2	20 min Race Su	n					£255			
В	70s Road Sports: 15 min Qual Sat, 20 min Race Sun									£255			
D	Guards Trophy (	GT: 25 min Qual S	at, 40	min Race Sun						£465			
DD	Guards Trophy S	SR: 25 min Qual S	at, 40	min Race Sun						£465			
E	· · · · ·	20 min Qual Sat, 2			nin Race N	/lon	1			£430			
J		<b>3:</b> 15 min Qual S								£255			
0	Super Touring: 20 min Qual Sat, 20 min Race Sun, 20 min Race Mon							£430					
R	Fiscar: 20 min Qual Sat, 30 min Race Sun								£350				
S	Historic Formula Junior (Front Engined): 15 min Qual Sat, 20 min Race Sun							£255					
T	Historic Formula Junior (Rear Engined): 15 min Qual Sat, 20 min Race Sun							£255					
	Monday 25 August 2014 Tick												
С	Historic Touring Cars: 15 min Qual & 20 min Race Mon									£255			
G	Historic Formula Ford: 15 min Qual & 20 min Race Mon								£255				
Н	Classic Racing Cars: 15 min Qual & 20 min Race Mon								£255				
С	Derek Bell Trophy (inc CF3): 20min Qual Sat & 10 min Mon, 2 x 20 min Race Mon									£430			
М	Formula Ford 2000: 15 min Qual & 20 min Race Mon									£255			
P Classic Clubmans: 15 min Qual & 20 min Race Mon									£255				
NB: This may not be the order in which races will run - see final instructions													
SECOND DRIVER or ENTRANT'S DETAILS (If different from driver)													
NAME: ADDRESS:													
					I.								
							POST	CODE:					
Telephone Number: Fax			Fax	Number:	Entrant's Licence					ce Number:	e Number:		
Addı	ress for Tickets/P	asses etc:		ENTRAN	I	or	· DF	RIVER					
	DETAILS			T									
Race Entered Car Make			Car M	odel		Class			Year of manu	facture			
	Colour Engine		ity	HSCC Y	'ES NC	,	FIA VIF	YES	NO	Normal			
VIF TES NO TIA VII TES NO competition  Transponder number													
Details of person to be informed in the event of a serious accident:													
This entry form is not valid unless this section is filled in.  NAME: ADDRESS:													
					<u> </u>								
POST CODE: Telephone:													

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

The Meeting will be held under the General Regulations of The Motor Sports Association, (incorporating the provisions of the International Sporting Code of the FIA), and any written instructions that the organising Club may issue for the event.

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

- I have read the General Regulations of the Motor Sports Association and 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 have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.
- 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 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.

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

\*Please delete as appropriate

SIGNATURES: This entry form is not valid unless t	the driver has signed below.							
Driver	Date:							
Entrant:	Date:							
Any indemnity and or declaration prescribed above which <b>18th birthday</b> must be countersigned by that person's par	is signed by a person who has not reached his or her ent 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  Please send a cheque for the amount due or fill in your Vis  Total due:  Less £50 for each addition	Acknowledged  Banked  £							
Card Number:								
Start Date: Expiry Date	: Issue No:							
Name on Card:	3 digits on reverse							
Signed:  To compete in an HSCC Championship race	you must be an HSCC Member							

This entry form should be read in conjunction with the HSCC Standard Race Regulations issued on 31st January

Fax: 01327-858500

Historic Sports Car Club Ltd, Silverstone, TOWCESTER, NN12 8TN Tel: 01327-858400

2014. Available from the HSCC office or www.hscc.org.uk.