Pre-War Team Challenge 2019

OFFICIAL ENTRY FORM

Please select the races you wish to enter:

Brands Hatch (Indy) ❑ Oulton Park ❑ Snetterton 300 ❑ Silverstone (& St John Horsfall) ❑

Car Details

Make:	**Model:**
Colour:	**Year:**
cc:	**Transponder No:**
Preferred Race Number:	**Registration No.**
Specify Standard Pump Fuel or Methanol:	

Driver Details

Name:	**Competition Licence No:**	
Address:	**Licence Grade:**	
	ASN Issuing Licence:	
	Under 18?: YES ❑ **NO** ❑ – see page 2	
Postcode:	**Email:**	
Mobile:	**Daytime No:**	
Member of the Aston Martin Owners Club: YES ❑ NO ❑		**If Yes - AMOC Membership No:**

Entrant Details *If different from Driver*

Name:	**Entrant Licence No:**	
Address:	**Competition Licence No:**	
	Licence Grade:	
	ASN Issuing Licence:	
Postcode:	**Email:**	
Mobile:	**Daytime No:**	**Home No:**

Passes should be sent to:- DRIVER ❑ ***ENTRANT*** ❑ ***(please tick as appropriate)***

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

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

1 I have read the General Regulations of Motorsport UK 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 who have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.

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 or am exempt from an ASN specified medical examination within the specified period.

5. As a condition of entry, all entrants accept that their name, that of the nominated driver(s), along with details of the entered car will be shared by the grid organiser with both the event organisers and the race organisers for the necessary management of the racing and for inclusion in event entry lists and results information made publicly available. For full details of AMOC Racing Ltd Privacy Policy please visit the website at www.amocracing.com

This entry form is not valid unless fully signed below by all relevant parties

Driver Signature:.....Date:.....

Entrant Signature:.....Date:.....

Any indemnity and or declaration prescribed above which is signed by a person ***who has not reached his or her 18th birthday*** must be countersigned by that person's parent or guardian: 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 Motorsport UK. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the Motorsport UK 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 maximum set out in Section Z. I hereby agree to abide by the Motorsport UK Child Protection Policy and Guidelines.

Parent/Guardian Full Name:	**Relationship:**
Address:	
Postcode:	**Telephone:**
Signature:	**Date:**

Person(s) to be informed in case of a serious accident: (This entry form is not valid unless this section is completed)

Name		**Relationship**	**Telephone**
Driver:			

Pre-War Team Challenge: The other members of our 3-car Team are:

1……2……

If you haven't completed the above, AMOC Racing will allocate you to an appropriate team.

Races

Brands Hatch Indy – Saturday 8th June (20 minutes)	£265	
Oulton Park – Saturday 6th July (20 minutes)	£265	
Snetterton – Saturday 31st August (20 minutes)	£265	
Silverstone National (St John Horsfall) – Saturday 5th October (20 minutes)	£265	
Discount for entering and pre-payment of all 4 rounds	**-£100**	
TOTAL DUE:		**£**

PAYMENT DETAILS:

☐ **Cheque:** Please send a cheque made payable to **AMOC Racing Ltd** for the amount due to the address below or transfer the amount to the bank account detailed below with your name as the reference.

☐ **Direct Transfer:** (Please ensure that your name is included as the payment reference.)
Bank: Arbuthnot Latham & Co Account Number: 52021701 Sort Code: 30-13-93
IBAN: GB7ARBU30139352021701 *SWIFT: ARBUGB2L*

☐ **Credit** or **Debit Card**: Charge £_____ to: (please select) Mastercard ☐ Visa ☐ Visa Debit Card ☐

Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ /☐☐ Security Code: ☐☐☐

Cardholder Name: ..... Signature: .....

Registered Card address including postcode: .....

Please return this form to:

AMOC Racing, Woodbine Farm, Thorndon, Suffolk IP23 7JJ
Telephone: 01403 823138 Email: enquiries@amocracing.com