RACE ENTRY FORM

SHENINGTON KART RACING CLUB LTD

Entry Fee: Members £40 ☐ Non Members £55 ☐ Late Entry Fee £10 ☐ Cheques payable to SKRC Ltd
Entries CLOSE Saturday 1 week prior to event ✯ Send SAE for Confirmation ✯

DATE OF MEETING: 15th NOVEMBER 2009 WINTER SERIES & 'O' PLATE KF CLASSES

Class:		**Race No:**	
First Name:		**Surname:**	

Transponder Number:	Txp							

Chassis:			
Engine:		**Licence No:**	NATIONAL A MINIMUM
Club:		**Licence Type:**	A ☐ C ☐
Entrant:		**Entrants Licence No:**	
Your Address:			
Town:		**Post Code:**	
Tel No:		**Email:**	
Name of person to contact in case of Emergency:			
Post Code:		***Tel No:***	

Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations.

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. 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 person having any connection with the promotion and/or organization and/or conduct of the event are insured against loss or injury caused through their negligence.

I declare that to the best of my belief the drier possesses 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 [C(a)-26]

Signed:

Date: **Age if under 18 yrs:**

As 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 the MSA.

I confirm that I have acquainted myself 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 3

NOTE: Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/Guarantor as appropriate.

Signed:

Name:

Address:

	Payment Method	chq		Card		Total	
	Card					Expire -	Sec

Do you require pit spaces for this meeting? Race weekend pit spaces can be booked in advance (subject to availability) through Peter Cox (01295 257674 or 07770 866006) at a cost of £20 per space per weekend.
Spaces are limited so it is advisable to book early!

Competition Secretary: **Sonja Game, 16 Graham Road, Bicester, Oxon OX26 2HP**
Tel: 01869 320157 Fax: 01869 247981 Circuit Tel: 01295 688035

For Office Use Only: Date Received: Payment received with entry: ☐ Confirmation Sent: ☐

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