VSCC Office use only

Entry ID Number

The Vintage Sports-Car Club Limited

Autumn Sprint

Rockingham, Mitchell Road, Corby, Northamptonshire, NN17 5AF



Saturday 21 October 2017

MSA Permit Number: 101349

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

Entry Form

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 competition and the potential risk inherent with motor sport and agree to accept that risk.

I understand that motorsport can be dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. In consideration of the acceptance of this entry I agree that neither any one of or any combination of the MSA and its associated clubs, the organisers, the track owners or other occupiers, the promoters and their respective officers, servants, representatives and agents (the "Parties") shall have any liability for loss or damage which may be sustained or incurred by me as a result of participation in the Event including but not limited to damage to property, economic loss, consequential loss or financial loss howsoever caused. Nothing in this clause is intended to or shall be deemed to exclude or limit liability for death or personal injury. To the fullest extent permitted by law I agree to indemnify and hold harmless each of the Parties in respect of any loss or damage whatsoever arising from my participation in this event.

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.

If I am the Parent or Guardian, 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. As the Parent/Guardian, I confirm that I have acquainted myself and the minor with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations and submit myself without reserve to the consequences resulting from these 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 I.

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 have read and fully understood the Procedure for Control of Drugs and Alcohol as contained in the Competitors' and Officials' Yearbook Regulations H39, D35.1, G15.1.4 and have also fully familiarised myself with the information on the web sites referred to (www.ukad.org.uk and www.wada-ama.org) in particular the UK Anti Doping Rules which have been adopted by the MSA. Further, if I am counter-signing as Parent or Guardian of a minor then in addition to the deemed consent to the testing of that minor (UKAD Code Art 5.6.2) I hereby confirm that I give such consent for the minor concerned to be so tested.

I hereby agree to abide by the MSA Safeguarding Policy and Guidelines and the National Sporting Code of Conduct.

| Entrant/ Driver Signature | Signature of Parent or Guardian if Driver is under 18 years of age | |
|---------------------------------|---|--|
| Date of Signature(s) | Full name of Parent or Guardian | |

ABOUT YOU

| Driver's Name | | | | | | | | | |
|---|------|-------------|--------------------|----------------|---------------------|-----------------|----------------|----|--------|
| Owner's Name (if different from above) | | | | | ner's name amme? | YES | NO | | |
| Address including postcode | | | | | | | | | |
| Daytime telephone number & mobile | | | | | | | | | |
| VSCC Membership Number | | | Ema | il address | | | | | |
| Is this car being shared? | YES | NO | lf so, | , with whom? | | | | | |
| Do you/have you ever held a valid RTA Driving Licence? | YES | NO | MSA Licence Number | | | | | | |
| Type of MSA Licence | RACE | NON RACE | Grade of Licence | | | INT A | | В | |
| | | Name: | Relationship: | | | Nu | At Event? | | |
| Next of Kin in case of emergency | | | | | | | YES | NO | |
| Please give details of any recent marshalling duties for the VSCC | | | | | | | | | |
| Please give details of any recent rejections from VSCC events | | | | | | | | | |
| Will you be driving your competing car to the event? | YES | NO | | | | | | | |
| MENTORING SCHEME | | l would li | ke to be | ecome a Mentor | | I would like to | work with a Me | | mprove |

| Make and Model | | | | | |
|--|-----|----|---|-----|----|
| Body Type | | | | | |
| Year (Car/Engine) | | | Registration Number | | |
| Engine Make | | | Cylinders & Capacity | | |
| Supercharged | YES | NO | Running Stripped ? | YES | NO |
| VSCC Buff Form Number | | | Are there any changes to the car since the Buff Form was issued? (If 'yes' please submit details with this entry) | YES | NO |
| Do you understand that cars competing in Classes 13 – 17 require an MSA recognised, including VSCC, Logbook? | YES | NO | If entering in Classes 13 – 17, has this car got a validated Logbook? | YES | NO |

LIMITED SLIP DIFFERENTIAL DECLARATION

I confirm that I understand the Vintage Sports Car Club's Eligibility Rules regarding differentials in particular that: Locked axles are only permitted where they were original equipment. Limited slip differentials are only allowed on Post Vintage racing cars. I consent to the event officials inspecting my car and its component parts during the course of the event. I confirm that the car identified above which I am to present for scrutineering and in which I intend to compete at this event is equipped as follows (tick the box that applies):

Conventional open and free differential

Fully locked (ie inoperable) differential as originally fitted

None of the foregoing apply because (please state in this box e.g. - chain driven final drive, limited slip / torque biasing etc):

I WISH TO ENTER CLASS (please refer to the Supplementary Regulations)

ENTRY FEES

Do not include fees for any other events. Refunds are as VSCC guidelines.

Your entry will be acknowledged within seven days of receipt. If this is not received please contact the VSCC office.

| For entries received before midday on Monday 9 October 2017 | £125 | |
|---|------|--|
| For entries received after midday on Monday 9 October 2017 and up to 3 days | £150 | |
| before the event | 150 | |

NB: ½ price fee if under 30 years of age on 1 January 2017

PAYMENT METHOD

| Method of Payment (Cheque/Card/Account)) Cheques payable to VSCC | | | | | | | | Type of Card (eg Visa) | | | | | | | | | | | | | |
|--|--|---|--|--|---------------|--|--|------------------------|--|---------------|---|--|--|--|------|-------|--|--|--|--|--|
| Amount to be debited | | £125 (for entries received before midday on Monday 9 October 2017) | | | | | | | | | | | | | | | | | | | |
| | | £150 (for entries received after midday on Monday 9 October 2017 and up to 3 days before the event) | | | | | | | | | | | | | | | | | | | |
| Card number | | | | | | | | | | | | | | | | | | | | | |
| 3 digit security number | | | | | Valid from | | | | | Expir date | у | | | | lssu | e No. | | | | | |
| Name on card if different to entrant | | | | | | | | | | | | | | | | | | | | | |
| House number and postcode if different to entrant | | | | | | | | | | | | | | | | | | | | | |

Please now review this entry form, ensuring it is complete and signed, and send together with any payment to:

Rachael Watkins, Secretary of the Meeting, VSCC, The Old Post Office, West Street, Chipping Norton, Oxfordshire, OX7 5EL