



# Castle Combe Saloon Championship

Supported by  
**National Mobile Windscreens**



*Officials use  
only*

## **2012 SEASON RACE ENTRY FORM**

Round Number	Date	Max No. of Starters	Licence Status	Initial Entry Fee	Tick to Enter this meeting
<b>1</b>	Monday 9 <sup>th</sup> April 2012	42	Nat B	£230	
<b>2/ 3</b>	Monday 7 <sup>th</sup> May 2012 (DH)	42	Nat B	£345	
<b>4</b>	Monday 4 <sup>th</sup> June 2012	42	Nat B	£230	
<b>5/ 6</b>	Saturday 16 <sup>th</sup> & Sunday 17 <sup>th</sup> June 2012	42	Nat B	£345	
<b>7/ 8</b>	Saturday 21 <sup>st</sup> & Sunday 22 <sup>nd</sup> July 2012	42	Nat B	£345	
<b>9</b>	Monday 27 <sup>th</sup> August 2012	42	Nat B	£230	
<b>10</b>	Sunday 7 <sup>th</sup> October 2012	42	Nat B	£230	
				<b>Total cost</b>	£1955
				<b>Reduced cost for entry of 10 rounds</b>	£1855

I wish to enter the race meetings ticked above. **Entering all 10 rounds and paying in one lump sum entitles you a £100 saving on the total fee.**

Should you not be able to attend any of the race meetings and you inform us in writing before 17.00 on the Thursday before the race meeting and return your race day tickets a full refund will be given.

**For those wishing to enter on-line please go to:**

<http://Registrations.CastleCombeCircuit.co.uk>

**NAME:**

<b>Have you raced at this circuit before in this format?</b>	YES / NO
(Please delete as appropriate)	

<b>Do you require your upgrade card to be signed?</b>	YES / NO
(Please delete as appropriate)	







**Payment Details**

No entry will be accepted unless accompanied by the correct entry fee.

All cheques are to be made payable to the **Castle Combe Racing Club Ltd.**

**Payment methods**

1. I enclose a cheque for the total of: £

2. Please debit my credit / debit card (please delete as appropriate) for the total of: £   
 (A handling fee of £4 will be added for credit card entries)

**Card Number:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Start Date  /  Expiry Date  /  Issue No.  Maestro only  3 digit security code

**Payment Authorisation for Future Castle Combe Championship 2012 Events**

*Please leave blank if not applicable or if already completed previously.*

	<b>I authorise payment to be automatically taken from the above card 2-3 weeks prior to the race meetings indicated as per below.          (Please sign each date below to confirm you wish to be entered into that Championship race and authorise automatic payment to be taken prior to event)</b>	<b>I do not authorise automatic payment to be taken and wish to be contacted before each race meeting prior to payment being made.          Please indicate below.</b>
Monday 9 <sup>th</sup> April 2012		
Monday 7 <sup>th</sup> May 2012 (DH)		
Monday 4 <sup>th</sup> June 2012		
Sat 16 <sup>th</sup> & Sun 17 <sup>th</sup> June 2012		
Sat 21 <sup>st</sup> & Sun 22 <sup>nd</sup> July 2012		
Sunday 22 <sup>nd</sup> July 2012		
Monday 27 <sup>th</sup> August 2012		
Sunday 7 <sup>th</sup> October 2012		



**Declaration:**

**1.** I declare 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 motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.

**2.** 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 the vehicle, I may not take part unless I have declared such disability to the ASN, who have, following such declaration issued a licence which permits me to do so.

**4.** Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and address have been given.

**5.** If I am the Parent/Guardian/Guarantor of the driver I understand that I 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/Guarantor I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations, 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.

Drivers Signature  If completing this form electronically please place a cross in this box to confirm you have read & understood the declaration:  Date:

Entrants Signature  If completing this form electronically please place a cross in this box to confirm you have read & understood the declaration:  Date:

**IMPORTANT:** Any indemnity and/or declaration as prescribed by the paragraphs above is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address shall be given below.

Parent/ Guardians Signature:  Date:

Address:

Contact Tel No.





### **COMMENTATOR'S INFORMATION SHEET**

It would be great to have some information about you and your career to be mentioned by our commentator on the day. If you are interested, please complete this form and hand it in on Raceday when signing on.

**Date of meeting:**  /  /  **Race entered:**  **Competition No. on Car**

**Drivers Name:**  **Age:**

**Sponsors Details:**

**Occupation:**  **Years Racing:**

**Brief History/ Major Successes**

**Car Make:**

**Model/ Type:**

**Brief History**

**Any other relevant information**

**Commentators own notes**

