



Pre-War Sports Cars Official Entry Form – 2020

Please read the Pre-War Sports Cars Series Regulations before completing this form. Submission of this form will be deemed as agreement to be bound by the Regulations.

15th – 16th August
25th – 27th September
23rd – 25th October

Thruxton Historic
Spa Six Hours, Belgium
Algarve Classic Festival, Portugal

ENTRANT/DRIVER DETAILS

Entrant/Driver 1:

First Name: Surname:
Nationality: Competition Licence Number
ASN Issuing Licence: Competition Licence Category:
Email Address:
Postal Address:
..... Post Code:
Telephone Number: Mobile Number:

Motor Racing Legends Club Membership* (please select one option)

Racing Membership £350 Pre-War Race Membership £185 Single Race Membership £145 Already a member

REQUIRED: Emergency contact in case of serious accident:

Name: Contact Number:

Driver 2: (If the car is to be driven by only one driver please state NONE)

First Name: Surname:
Nationality: Competition Licence Number
ASN Issuing Licence: Competition Licence Category:
Email Address:
Postal Address:
..... Post Code:
Telephone Number: Mobile Number:

Motor Racing Legends Club Membership* (please select one option)

Racing Membership £350 Pre-War Race Membership £185 Single Race Membership £145
Please contact Driver 2 for payment Already a member

REQUIRED: Emergency contact in case of serious accident:

Name: Contact Number:

**It is a requirement of entry to any Motor Racing Legends race that all entrants, drivers and co-drivers are members of Motor Racing Legends. Racing Membership can be used for all race series and for any meetings. Pre-War Race Membership is for any driver or co-driver who is racing in the Pre-War Sports Car Series only. Single Race Membership can be used once in any season. Please see <http://www.motorracinglegends.com/motor-racing-legends-club/> for more information.*

CAR DETAILS:

Car Make: Car Model
Year of Manufacture: Engine Make:
Current Engine Capacity (cc): Supercharged? YES/NO
Tyre Sizes: Front Rear
Colour: Race Number Requested: (please note, number cannot be guaranteed)
Transponder Number: (state NONE if car is not fitted with transponder)

PREPARER DETAILS:

Preparer:
Contact Name: Telephone Number:
Preparer Email Address:

Please give brief details of any significant competition history for this car and/or drivers:

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Pre-War Sports Cars - Declaration to be signed by Entrant and all Drivers

By participating in any event covered by this Entry Form, the Entrant and each Driver hereby agrees to abide by the following:

I declare that I have been given the opportunity to read the relevant Motor Racing Legends, FIA, Motorsport UK regulations 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.

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 Motor Racing Legends, FIA, Motorsport UK, 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 and howsoever arising from my participation in this event.

I declare that to the best of my knowledge each driver 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 any of these events, 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 any of the events to which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

Signature of Entrant/Driver 1: **Date:**

Signature of Driver 2 (if applicable): **Date:**



Pre-War Sports Cars 2020 Series Fees

ENTRANT/DRIVER 1: **CAR:**

The entry fee for each event is listed below.

Any driver participating in all rounds of the current season will be eligible for a full refund of the 2020 season Club Membership fee.

Thruxton Historic	£695	<input type="text"/>
Spa Six-Hours Meeting	£1045	<input type="text"/>
Algarve Classic	£995	<input type="text"/>

MOTOR RACING LEGENDS CLUB MEMBERSHIP

ENTRANT/DRIVER 1 (where applicable)	Pre-War Race Membership £185	<input type="text"/>
	or Single Race Membership £145	<input type="text"/>
DRIVER 2 (where applicable)	Pre-War Race Membership £185	<input type="text"/>
	or Single Race Membership £145	<input type="text"/>

Total Entry Fees and any Club Memberships £

METHOD OF PAYMENT

By **Sterling cheque** payable to **Motor Racing Legends Ltd**

By **Bank Transfer** to:

Account name: Motor Racing Legends Ltd

Sort Code: 40 44 16 Account: 11384031

Bank: HSBC plc IBAN: GB97HBUK40441611384031 BIC: HBUKGB4136B

Please note: All bank charges are to be met by the Customer (please ensure that your name is given as payment reference)

By **Credit Card:**

Mastercard

Visa

Visa Debit

Please charge £_____ to Card No. _____ Expiry Date __ / __ Security Code ____

Cardholder Name: Signature:

Registered Card Address:

..... Postcode:

The completed signed entry form together with payment should be returned to:

Motor Racing Legends, Woodbine Farm, Thorndon, Suffolk, IP23 7JJ, UK

