



Pre '63 GT
including the Royal Automobile Club
Historic Tourist Trophy
Official Entry Form – 2020 Season



Please read the Pre '63 GT Regulations before completing this form. Submission of this form will be deemed as agreement to be bound by the Regulations.

Supported by

15th – 16th August
6th – 8th November

Thruxton Historic
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 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 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. 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: Year to which current specification applies:
Colour: Race Number Requested: (please note, number cannot be guaranteed)
Chassis Number:
Engine Make: Engine Number:
Current Engine Capacity Actual Current Weight of the car: (with fluids)
Braking System: **Front:** DISC DRUM Original Specification YES/NO
Rear: DISC DRUM Original Specification YES/NO
FIA HTP Number: Transponder Number:
(A valid FIA HTP for this car MUST be submitted with this application) (State NONE if the car is not fitted with transponder)

PREPARER DETAILS

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

RELEVANT HISTORY

Please give brief details of any significant competition history for this car and/or drivers (use separate sheet if necessary):

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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:**



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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	£995	<input type="text"/>
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Algarve Classic Festival	£1125	<input type="text"/>
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MOTOR RACING LEGENDS CLUB MEMBERSHIP

ENTRANT/DRIVER 1 (where applicable)	Racing Membership £350	<input type="text"/>
	or Single Race Membership £145	<input type="text"/>

DRIVER 2 (where applicable)	Racing Membership £350	<input type="text"/>
	or Single Race Membership £145	<input type="text"/>

Total Entry Fees and any Club Memberships	£	<input type="text"/>
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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

