



**Mini Se7en Racing Club – Zandvoort – Rounds 13 & 14**  
**1<sup>st</sup> and 2<sup>nd</sup> October 2016**

Entrant/Team/Sponsor.....  
 Address (for Correspondence).....  
 .....  
 .....Postcode.....  
 Telephone No. (Day).....Fax.....  
 Email Address (**Mandatory**).....  
 IS AN ENTRANTS LICENCE HELD IN THIS NAME? **YES / NO**  
 (Delete as applicable)

**Name of Driver (CAPITAL LETTERS):**  
 .....  
**Nationality of Driver:** .....

**ENTRY FEE**  
**£80**

**Particulars of Entry:**

**( 1 x 20-minute qualifying and 2 x 20 minute races )**

Make/Model

Colour

Transponder Number

Year of Manufacture

Engine Make & Type

Cubic Capacity

Preferred Car Number

Have you raced at this circuit before? **Yes / No**

Permanent Residential Address of Driver:  
 .....  
 .....  
 ..... Postcode: .....

**GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS**  
 I hereby make application to participate in the National A Race Meeting(s) to be held at this circuit on the dates specified. I certify that the particulars of my entry and my vehicle as given are correct.

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 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.

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.

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.

**STATE YOUR AGE IF UNDER 18** (.....years old)

Signature of **Entrant or nominated representative:**  Competition Licence No.   
 ASN Issuing Licence, e.g.MSA

Signature of **Driver** (If other than entrant):  Competition Licence No.   
 ASN Issuing Licence, e.g.MSA

Date.....

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

Full Name of Parent or Guardian.....  
 Relationship.....Signature.....  
 Address.....  
 ..... Postcode.....

**TO BE COMPLETED BY ALL COMPETITORS**  
 In case of accident please contact the following:

Name .....Relationship .....

Address .....

.....Postcode .....

Telephone (Mobile).....

**October 1<sup>st</sup> & 2<sup>nd</sup> 2016, Zandvoort**  
**ENTRY FEE PAYMENT: £80**

**Payable by BAC's**

**Name of the Account:** Mini 7 Racing Club  
**Account number:** 00004822  
**Sort Code:** 30-92-82  
**Ref:** Please state name of driver and use the code "Zandvoort"

Alternatively, please send cheque to the Mini7 Racing Club, 47, Redston Road, Crouch End, London, N87HL