



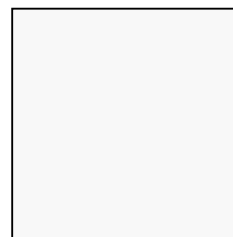
# Spa Summer Classic

Spa Francorchamps, Belgium  
Friday 14<sup>th</sup> June - Sunday 16<sup>th</sup> June 2013

## Classic Formula 3

### ENTRY FORM

Entries Open Wednesday 17<sup>th</sup> April  
Entries Close: 17.00 Thursday 16<sup>th</sup> May 2013



Name & Address	Home Telephone:
	Work Telephone:
	Fax Number:
	Mobile Number:
	e-mail:
	MSA Comp Licence Number
	MSA licence grade
	Driver under 18 ? YES / NO

Provisional Timetable
Test day on Thursday 13 <sup>th</sup> June visit <a href="http://www.roadbook.be">www.roadbook.be</a> for noise restrictions
Friday 14 <sup>th</sup> June: Qualifying 25 Mins 15.30 – 15.55
Saturday 15 <sup>th</sup> June: Race 1 25Mins 09.55 – 10.20
Sunday 16 <sup>th</sup> June Race 2 25 Mins 14.55 – 15.20

#### SECOND DRIVER or ENTRANT'S DETAILS (If different from driver)

NAME:		ADDRESS:	
		POST CODE:	
Telephone Number:	Fax Number:	Entrant's Licence Number:	

Address for Tickets/Passes etc: ENTRANT or DRIVER

#### CAR DETAILS

Race Entered	Car Make	Car Model	Class	Year of manufacture
colour	Engine capacity	HSCC VIF YES NO	FIA VIF YES NO	Normal competition
Transponder number				

#### F3 Nations Cup (Coupes Des Nations F3)

I will be in a 3 car team with:

1. Myself	2.	3.
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Details of person to be informed in the event of a serious accident:

This entry form is not valid unless this section is filled in.

NAME:		ADDRESS:	
POST CODE:	Telephone:		

The General Declaration and Payment Details sections below MUST be completed by all Competitors PRIOR to submission. The Meeting will be held under the General Regulations of The Motor Sports Association, (incorporating the provisions of the International Sporting Code of the FIA), and any written instructions that the organising Club may issue for the event.

# GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

- I have read the General Regulations of the Motor Sports Association and 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 have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.
- 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.
- 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.

**Has Driver competed at this circuit before?** YES / NO. \*

\*Please delete as appropriate

**SIGNATURES: This entry form is not valid unless the driver has signed below.**

Driver	Date:
Entrant:	Date:

Any indemnity and or declaration prescribed above which is signed by a person *who has not reached his or her 18th birthday* must be countersigned by that person's parent or guardian:

Driver under 18? Yes/No Entrant under 18? Yes/No

Parent/Guardian Full Name:	Relationship:
Address:	
Postcode:	Telephone:
Signature:	Date:

## IMPORTANT NOTICE

BECAUSE THIS IS AN INVITATION FROM THE FRENCH CLASSIC F3, ALL ENTRIES MUST BE COMPLETED AND RETURNED TO THE HSCC OFFICES ADDRESS AND CONTACT DETAILS BELOW NO LATER THAN THE 16TH MAY, TO ENSURE YOU A SPACE ON THE GRID.

HSCC LTD.,SILVERSTONE CIRCUIT, SILVERSTONE, NR.TOWCESTER, NORTHAMPTONSHIRE, NN12 8TN.

E-MAIL [OFFICE@HSCC.ORG.UK](mailto:OFFICE@HSCC.ORG.UK) TEL:01327 858400 FAX:01327 858500

## PAYMENT DETAILS / METHOD

Visa / Mastercard / Debit cards only, please complete information below

**Entry Fee: 590 Euros**

Total due: £.....

Acknowledged	
Banked	
Reference	

Card Number:																	
Start Date:					Expiry Date:					Issue No:							
Name on Card:											3 digits on reverse						

Signed:

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