



TO BE COMPLETED IN BLOCK CAPITALS PLEASE

Knockhill Race Circuit

SATURDAY 26th SEPTEMBER 2009

Organised by The Scottish Motor Racing Club Ltd and held under the General Regulations of the Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and these Supplementary Regulations.

Closing Date for Entries 14th SEPTEMBER 2009

ENTRY FORM

Name of Entrant/Sponsor (for Premium entries only)

Entrants Licence No. _____

Address (for relevant correspondence). _____

Postcode. _____ Tel No. (Home) _____ (Bus) _____

E Mail _____ Tel Mobile _____

Name of Driver _____ Racing No. _____ (If 2009 no. issued)

Competition Licence No. _____ Grade _____

Address. _____

Postcode. _____ Tel No. (Home) _____ (Bus) _____

E Mail _____ Tel Mobile _____

PLEASE NOTE ONE ENTRY FORM IS REQUIRED FOR EACH RACE OR DOUBLE HEADER ENTERED

Race(s) Entered _____

Class _____

Car Type _____ Engine Capacity _____

Forced Induction YES/NO _____ RACE NUMBER _____

Transponder No. _____

I am a paid up member of the _____ Club

Membership No. _____ HAS THE DRIVER RACED AT KNOCKHILL BEFORE? YES NO

DOES THE DRIVER WANT A LICENCE UPGRADE SIGNATURE? YES NO

ALL COMPETITORS MUST HOLD CURRENT MEMBERSHIP OF A CLUB SPECIFIED IN THE REGULATIONS

FOR OFFICIAL USE ONLY

Date Received

Entry Fee

Comp No

Cheque No

Acknowledged

Please Complete the reverse of this form.

DECLARATION FOR COMPLETION BY ALL COMPETITORS

'I declare that I have read the General Regulations of the Motor Sports Association and the Standing Race Regulations and Supplementary Regulations issued for this event and agree to be bound by them. I declare that I am mentally and physically 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

State your age if under 18 _____

'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'.

Signature of Entrant _____ Date _____

Signature of Driver _____ Date _____
(if other than Entrant)

I enclose £ _____ to cover entry fee(s), (please make cheques payable to the **SMRC**)

If any person signing above is under 18 years of age the following must be completed.

I am the Parent/Legal Guardian/Guarantor (delete as appropriate) of the above and I understand that I or my guarantor shall have the right to be present during any procedure being carried out under the General Regulations of the MSA and the Supplementary Regulations issued for this event.

I confirm that I have acquainted myself with the MSA General Regulations, agree to pay any appropriate charges and fees pursuant to those Regulations (to include any appendices thereto) and hereby 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 on me up to the maxima set out in Part 3, Appendix 3.

Name of Parent / Guardian /Guarantor _____

Address _____

Signature _____

To be completed by all Competitors

In case of accident, please contact the following:

Name _____ Relationship _____

Address _____

_____ Telephone _____

SCALE OF STANDARD SMRC ENTRY FEES, LATE ENTRIES MAY PAY AN ADDITIONAL FEE

SMRC Racing Member (two 10 lap races)	£220.00	Mini Cooper Cup see regulations
Additional 10 lap Race SMRC Members	£110	Classic Sports and Saloons see regulations
Non SMRC Racing Member (two 10 lap races)	£240.00	Legends Championship Round £220.00
Additional 10 lap Race	£120	Legends Double Header £ 320.00

Visiting Races contact SMRC Competition Secretary / Championship Co-ordinator for fees

NOTE Cheques will not be accepted on Race Day. Cash only will be accepted for late entries

COMPLETED ENTRY FORMS COMPLETE WITH FULL ENTRY FEE SHOULD BE SENT WITH CHEQUE **NOT FAXED** TO:
Mr Chris Edwards, SMRC Comp. Sec, Birch House, Duncreevie, Perthshire. PH2 9PD