Retro GT Challenge 2024

**Snetterton Historic Festival 29th June 2024 Official** **Entry Form**

**CAR DETAILS:**

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Make

Model  
Colour  
Year  
CC  
Transponder Number

Preferred Race Number

Registration Number

**All drivers must be registered to race in the Retro GT Challenge. Registration forms can be downloaded from the website www.retro-gt.com**

**DRIVER DETAILS:**

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|  |
| Yes/No (see page 2) |

Name

Address

Postcode  
Email Address  
Mobile Number  
Home Number  
Competition Licence Number Licence Grade  
ASN Issuing Licence  
Under 18

**CO-DRIVER DETAILS:**

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|  |
| Yes/No (see page 2) |

Name

Address

Postcode  
Email Address  
Mobile Number  
Home Number  
Competition Licence Number Licence Grade  
ASN Issuing Licence  
Under 18

***Passes should be sent to: DRIVER / CO-DRIVER / ENTRANT (Please delete as appropriate)***

|  |  |
| --- | --- |
| The General Declaration and Payment Details sections MUST be completed by all Competitors PRIOR to submission.  **GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)**   1. I have read General Regulations of the Motor Sports Association and the 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 who have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence. 2. 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. 3. 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. 4. I undertake that at the time of the event t which this entry relates I shall have passed or am exempt from an ASN specified medical examination within the specified period   ***This entry form is not valid unless fully signed below by all relevant parties*.** | |
| Entrant Signature:  Driver signature:  Co-Driver Signature: | Date:  Date:  Date: |

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

I am the Parent/Guardian of the driver. I understand that I shall have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the General Regulations of the MSA. As the Parent/Guardian/Guarantor 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 upon me up to the maxima set out I Section Z. I hereby agree to abide by the MSA Child Protection Policy and Guidelines

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Parent/Guardian full name

Relationship to Driver Address

Postcode

Contact Telephone Number

Signature

Date

**Person(s) to be informed in case of a serious accident:**

This entry form is not valid unless this section is completed

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Relationship | Contact number |
| Driver |  |  |  |
| C-Driver |  |  |  |

**PAYMENT DETAILS:**

**Entry Fee £850.00 plus VAT**

**PAYMENT BY BANK TRANSFER TO:  
HSBC: STRATTON MOTORSPORT LTD, SORT CODE: 40 20 85 BANK ACCOUNT NO. 50025879**

A logo with black text

Description automatically generated****Please return your completed registration form(s) to john@retroGT4.com

Telephone: 07734 788 068 if you have queries