



"RUN WHAT YOU BRUNG"

2020 Entry Application Form

Personal details

Driver Name D.O.B.

Address

Postcode

Email Mobile

Do you hold a competition licence? Yes No If yes, what grade & no.

Race no. requested Please provide a choice of three numbers.
Numbers are allocated on a first-come-first-served basis.

Previous motorsport experience (if any):

Vehicle details

Make Model

Year Approx bhp CC Turbo/Supercharger: Yes No

Rounds entered

Please indicate which round(s) you are entering:

Round 1: Saturday 11th July - Oulton Park (£200)

Round 2: Saturday 15th August - Cadwell Park (£200)

Round 3: Sunday 16th August - Cadwell Park (£200)

Round 4: Sunday 13th September - Brands Hatch (£240)

Round 5: Sunday 11th October - Snetterton (£200)

Round 6: Sunday 15th November - Donington (£200)

Additional Round TBC: Anglesey (£200)

Payment details

TOTAL TO BE PAID WITH THIS ENTRY: £

- To pay by bank transfer or debit card (no credit cards) and for payment/invoice queries, please contact Debbie: 01795 581366 / events@timeattack.co.uk
- Bank account details are available on request
- Cheques: Please make payable to 'Time Attack Ltd.' and send together with this form to:
**Time Attack Ltd. Kler House, Windsor Ind. Est,
New Road, Sheerness, Kent, ME12 1NB**
- You will receive a VAT invoice once payment is received
- **Once completed, please email this entry form to the championship coordinator: simon@timeattack.co.uk**

Declaration of Indemnity

I have read the championship regulations and agree to be bound by them and the general regulations of Motorsport UK. In consideration of the acceptance of this registration and my being permitted to take part Run What You Brung Time Attack 2020, I agree to save harmless and keep indemnified the organisers, the championship sponsors, Motorsport UK, such person, persons or body as may be authorised by these organisations to promote or organise these events and their officials, servants, representatives and agents, together with other entrants and participants, from and against all claims, costs, expenses, and demands in respect of death, injury or damage to property of myself, drivers, passengers, mechanics or associated personnel, arising out of or in connection with this entry or my taking part.

I declare that the information given on this form is correct.

Signature Name Date



"RUN WHAT YOU BRUNG"

Emergency & Next of Kin Information

The filling in of this form is compulsory and must be completed before your entry is accepted

Next of Kin 1

| | | | |
|-----------------------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Relationship to you | <input type="text"/> |
| Address (if different from yours) | <input type="text"/> | | |
| <input type="text"/> | Postcode | <input type="text"/> | |
| Tel | <input type="text"/> | Mobile | <input type="text"/> |

Next of Kin 2 (if applicable)

| | | | |
|-----------------------------------|----------------------|----------------------|----------------------|
| Name | <input type="text"/> | Relationship to you | <input type="text"/> |
| Address (if different from yours) | <input type="text"/> | | |
| <input type="text"/> | Postcode | <input type="text"/> | |
| Tel | <input type="text"/> | Mobile | <input type="text"/> |

Driver information

| | |
|-----------|----------------------|
| Allergies | <input type="text"/> |
|-----------|----------------------|

I declare that the information given on this form is correct.

| | | | | | |
|-----------|----------------------|------|----------------------|------|----------------------|
| Signature | <input type="text"/> | Name | <input type="text"/> | Date | <input type="text"/> |
|-----------|----------------------|------|----------------------|------|----------------------|

Additional details

If there is any further information that may assist us with your application for entry, either about your car, your team or yourself, please provide it below: