



**2010 MSA British Rallycross Championship
2010 BTRDA Clubmans Rallycross Championship
2010 MDA Rallycross Championship**



PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS
Held under the General Regulations of The Motor Sports Association (incorporating the provisions of the International Sporting Code of the FIA) and the Supplementary Regulations

SECTION 1 – DRIVER DETAILS

Driver Name

Driver Address

Licence Grade Licence No ASN

Date of Birth Club Mem No Home Town

Phone: Home Work Mobile

Email Address

Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team

SECTION 2 – VEHICLE DETAILS

Car Number Make of Car

Type/Model cc


Transponder No Class Forced Induction?

Sponsor Details


SECTION 3 – EVENT DETAILS

		Entry Fee	MSA	Swift	RX150	BTRDA/MDA	
Sunday/Monday April 4&5	Lydden Hill	£195	Tick to Enter			£185	First time Competing at this circuit
Sunday April 25	Knockhill	£195				£185	
Saturday June 12	Blyton	£195				£185	
Sunday July 11th	Maasmechelen (B)	£FOC					
Sunday August 8	Mallory Park	£195				£185	
Monday August 30	Lydden Hill	£195				£185	
Sunday September 12	Mallory Park	£195				£185	
Sunday October 10	Pembrey	£195				£185	
		Total				Total	

1: 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. 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: If I am the Parent/Guardian/Guarantor 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 in Part 3, Appendix 1

Driver Signature  Date

Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian Signature of Parent/Guardian 

Full Address



Please return completed Entry form to
LHMC, Lydden Hill Race Circuit Wootton, Canterbury Kent, CT4 6RX Fax (01304) 831715
e-fill form by Rippla Ltd 2010©

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SECTION 4 – NEXT OF KIN

Name and Address of Relative to be Notified in the Event of a Serious Accident

Name Relationship Telephone
Address

SECTION 5 – ENTRANT DETAILS

Please only complete this section if a valid Entrants Licence has been issued by your ASN. If no details are entered below, the 1st Driver will be nominated as the Entrant in accordance with MSA Regulation [C(a)3]

Entrant Name
Entrants Licence No ASN Representative Name
Entrant Address Postcode
Phone: Home Work Mobile
Email Address

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Entrant Signature  Date

Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below

Name of Parent/Guardian Signature of Parent/Guardian 

Full Address

SECTION 6 – PAYMENT DETAILS

Cheques to be made payable to: LHMC or alternatively complete Debit/Credit Card details below

Card Type Debit/Credit Card No
Valid From Expiry Date
Issue No (debit card only) Security Code (last 3 digits on back)
Name on Card Signature 

SECTION 7 – NOTES FOR COMPLETION

- Please ensure that all information is completed as if you do not do so your entry will not be accepted
- If submitting entry form electronically, please indicate signature by placing your initials in appropriate box
- Competitors are reminded that any entry not accompanied by the correct fee is NOT a valid entry

SECTION 8 – FOR OFFICE USE ONLY

Date Received
Entry Fee Paid Date
Method of Payment