

**CHESHIRE KART RACING CLUB  
HOOTON PARK CIRCUIT  
ENTRY FORM 2018**

DATE OF MEETING:	
DRIVERS NAME:	
ADDRESS:	
POSTCODE:	
TELEPHONE NUMBER:	
MEMBER OF WHICH CLUB:	MEMBERSHIP No:
LICENCE NUMBER:	

NOVICES – PLEASE TICK BOX	
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CLASS ENTERING:	
RACING NUMBER PREFERRED:	
CHASSIS TYPE:	
ENGINE TYPE:	

IF YOU OWN A TRANSPONDER PLEASE TICK BOX	AND ENTER NUMBER BELOW:
IF YOU NEED TO HIRE A TRANSPONDER PLEASE TICK BOX & INCLUDE £5.00	PLEASE NOTE: NOVICE HIRE IS FREE OF CHARGE

NAME & TEL No OF CONTACT IN THE EVENT OF AN ACCIDENT:
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**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.**

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. Further, I understand that all persons having connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence. I declare that to the best of my belief the driver possesses 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 the 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 H.10.1.1

<b>DRIVER SIGNATURE:</b>	MY AGE IS: (If Under 18)
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**As 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 SR's issued for this event and the General Regulations of the MSA. 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. NOTE : Where the Parent/ Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so act from the Parent/Guardian/ Guarantor as appropriate

NAME OF PARENT/GUARDIAN (If driver is under 18):
ADDRESS OF PARENT/GUARDIAN (If different to driver address):
<b>SIGNATURE OF PARENT/GUARDIAN (If driver is under 18):</b>

ENTRY FEES (£)	
MEMBER	55.00
NON-MEMBER	65.00
TRANSPONDER HIRE	5.00
TRANSPONDER HIRE NOVICE	0.00
<b>TOTAL</b>	

PLEASE MAKE CHEQUES PAYABLE TO CHESHIRE KART RACING CLUB  
PLEASE SEND STAMPED ADDRESSED ENVELOPE FOR ACCEPTANCE OF ENTRY  
CLOSING DATE – WILL BE ON TUESDAY AT 5PM PRIOR TO MEETING.

**CHESHIRE KART RACING CLUB**  
**49 JAMES CLARKE ROAD, WINSFORD, CHESHIRE, CW7 2GT**  
**TEL: 01606 551506 (EVE) 0151 355 7513 (DAY) [mail@chkrc.co.uk](mailto:mail@chkrc.co.uk) (email)**