

The SBD HSA Speed Championship

ENTRY FORM 2017

I hereby request that I be listed as a competitor in the SBD HSA Speed Championship for 2017. I have applied for the appropriate type and grade of competition licence and I am a member of the HSA. I undertake to abide by the regulations governing the championship and the rules of the Motor Sports Association.

Please use block letters, black ink & delete as appropriate:

Surname: _____ Mr/Mrs/Miss/Ms.

Forenames: _____

Address 1: _____

Address 2: _____

Address 3: _____ Post Code: _____

Comp Licence, Grade & Number: _____

Do you hold a valid road traffic licence? Yes / No _____ Date of Birth: _____

Tel Home: _____ Tel Business: _____

Tel Mobile: _____ Email: _____

Make of car: _____ Year: _____

Type: _____ Capacity: _____

Turbocharged/Supercharged/Rotary/Diesel? _____ Championship Class: _____

HSA Membership No. _____ I need Championship stickers? _____ Y / N

I enclose a crossed cheque/PO for £32 payable to: The HSA Ltd

Signed: _____ Date: _____

Guarantor (parent/guardian) for applicant under 18 years of age:

Full name: _____

Address: _____

Relationship: _____

Signed: _____ Date: _____

Please complete and return to: Pat Toulmin, 4 Briery Lands, Heath End, Snitterfield, Stratford on Avon CV37 0PP