Race Entry Form

Buckmore Park Kart Club Ltd

Entry fees: members £45, non-members £55. Telephone entries are subject to a £5 surcharge. Entry closing date is six days prior to the meeting (Monday). Late entries are subject to a £15 surcharge. Cheques should be made payable to BPKC Ltd. Send entries **with SAE** to: Sheila Rose, Club Secretary, Buckmore Park Kart Club Limited, Buckmore Park Kart Circuit, Maidstone Road, Chatham, Kent ME5 9QG. Telephone:01634 661604 Fax:01634 686104

Date of meeting:
Name:
Address:
Postcode:
Telephone (daytime):
Competition licence No:
Member of (kart club):
Club membership No:
Next of kin, name:
Next of kin, address:
Next of kin, telephone:

Transponder Number:							
Txp							

Class of kart:
Make of chassis:
Make of engine:
Racing No:
Entrant (if applicable):
Entrant licence No (if applicable):
Are you a novice?
Race entry fee due: £
Would you like to camp overnight?
Would you like to hire a transponder @ £10?
Would you like a lap time printout @ £5?
Would you like to reserve a pit bay @£12 per bay?
...if so how many? ☐ 5mx3m ☐ 7mx3m ☐ 10mx3m
Total fees/charges due: £

If faxed (*original must be sent first class on same day*)
Date sent by fax:

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 any 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 (Section H 10.1.6).

Signed: .....

Date: ..... Age if under 18yrs: .....

Parent or guardian if driver is under 18 years old:

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 issued by the MSA.

I confirm that I have acquainted myself with the MSA General Regulations, agreed 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.

Signed: .....

Name: .....

Address: .....

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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.

I enclose a cheque/PO for £ ..... payable to BPKC Ltd ***or*** Please debit my MasterCard/Visa/Maestro/Amex* account *(delete as appropriate)*. *3% surcharge applies.

Card No: | | | | | | | | | | | | | | | | | | |

Expiry date:..... Issue No: ..... Signed:.....

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