

Oulton Park Finale Race Meeting

19th October 2024



This meeting will be held under the General Regulations of Motorsport UK (incorporating the provisions of the International Sporting Code of the FIA), the Supplementary Regulations and any written instructions the organising Club may issue for the event.

This event is NCAFP inscribed.

Motorsport UK Permit No. 133730 (Interclub)

Office Use Only. Race No.:
Date Rec.
Acknowl:
Rev-Up:
Fee:

1. DRIVER DETAILS: *Separate form required for EACH car and EACH driver

Single Driver *Two Driver/Car Team *Name of Team Mate (separate form required):

Name:		DOB (if under 18):
Address: (including Post Code)		
Mobile Number:	Email (mandatory):	
MSUK Licence Number:	MSUK Licence Grade:	

2. MEDICAL AND NEXT OF KIN DETAILS:

Do you have any medical conditions or are you taking medication that the Chief Medical Officer should be aware of? Yes / No
If yes, please list medical conditions/medication details:

Please provide details below of a Friend or Relative to be notified in the event of a serious accident.
(Please make sure they are aware that their details have been given.)

Next of Kin Name:	Next of Kin Relationship:
Next of Kin Email:	Next of Kin Contact Number:
Next of Kin Address: (including Post Code)	

3. RACE ENTRY - Closing date for entries is Wednesday 16th October 2024

To encourage early entry, all entries received after Sunday 6th October, will incur an additional £30 fee.

*If entering more than one race at this meeting, you will receive a 50% discount off the additional (cheaper) race/s. See SR's for details.

Race	Race Duration	Cost*	X to enter
Adams & Page Swinging Sixties	40 Minutes	£440	
Advantage Motorsport Future Classics with	40 Minutes	£440	
Modern Classics	40 Minutes	£440	
Gold Arts Magnificent Sevens	40 Minutes	£440	
Co-ordSport Tin Tops and Puma Cup	40 Minutes	£440	
Turbo Tin Tops with	40 Minutes	£440	
WOSP New Millennium	40 Minutes	£440	
Ramair BMW Championship with	2 x 20 Minutes	£440	
Liqui Moly Slicks with	2 x 20 Minutes	£440	
Verum Builders Open	2 x 20 Minutes	£440	
Donation to the CSCC Marshal Fund		£10	



Recognised Club

Forms to be returned to:
Email: info@classicsportscarclub.co.uk
Post: CSCC, 1 Masons Wharf, Corsham, Wiltshire, SN13 9FY
Alternatively, CSCC members can enter online: www.classicsportscarclub.co.uk/race-calendar

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4. CAR DETAILS - Separate entry form required for EACH CAR and EACH DRIVER. All cars must be registered for the relevant category.

Make and Model:	Allocated Race Number:
Sponsor name (if applicable)	Transponder No.:

5. PAYMENT DETAILS - Entries will only be accepted if accompanied by the correct fee.

For your security, if returning this form by email, please phone through your card details to us on 01225 810655

*Any entries received after Sunday 6th October 2024 will incur an additional £30 fee.

Please debit my Credit/Debit card: (We regret we are unable to accept AMEX, Cheques or Cash)

Card Number:

Expiry Date: Security Code:

Your payment details will be destroyed once payment has been processed.
Refunds are payable back to the original source. See SR's for Refund policy.

6. SIGNATURE - This confirms you agree with the event Supplementary Regulations and authorise payment of the correct entry fee.

Driver Signature:	Date:
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You only need to fill out parts 7 or 8 if applicable. If you are over 18 and are not licenced as a team you don't need to fill these out.

7. DRIVER UNDER 18 - Any indemnity and/or declaration as prescribed in the event Supplementary Regulations, if signed by a person under the age of 18 years, must be countersigned by the persons Parent/Guardian, whose full details must be given below.

Name of Parent/Guardian:	Relationship to Driver:
Email of Parent/Guardian:	Contact Number of Parent/Guardian:
Address of Parent/Guardian: (including Post Code)	
Signed by Parent/Guardian:	Date Signed:

8. ENTRANT DETAILS - Only applicable if you have a Motorsport UK [Teams Entrant Licence](#)

Entrant/Team Name on Licence:	Entrant Licence Number:
Representatives Name:	Representatives Contact Number:
Representatives Email Address:	
Entrant/Team Address:	
Entrant Signature:	Date Signed:



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