

The SBD Motorsport UK HSA Sprint Leaders Championship

ENTRY FORM 2019

I hereby request that I be listed as a competitor in the SBD Motorsport UK HSA Sprint Leaders Championship for 2019. I have verified that the car listed below meets the regulations in full for the class, which I wish to enter. 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 Motorsport UK.

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

Surname:	Mr/Mrs/Miss/Ms.
Forenames:	
Address 1:	
Address 2:	
Address 3:	Post Code:
Competition Licence - Grade & Nun	nber:
Do you hold a valid road traffic licer	ce? Yes / No
Tel Home:	Tel Mobile:
Email:	
Make of car:	Year:
Type:	Capacity:
Turbocharged/Supercharged/Rotary	//Diesel?
Championship Class:	HSA Membership No:
I enclose a crossed cheque/PO fo	or £45 payable to: The HSA Ltd
Signed:	Date:
Guarantor (parent/guardian) for app	licant 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