2025 Goodyear Mini Seven & Miglia Championship PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE ALL SECTIONS

mini

SECTION 1 – DRIVER DETAILS									
Driver Name									
Driver Address									
Licence Grade	Licence No ASN								
Date of Birth	Home Town								
Phone: Home	Work Mobile								
Email Address									
Please indicate below any prescribed drugs or conditions which should be notified to the Medical Team									
SECTION 2 – VEHICLE DETAILS									
Car Numbe	Make of Car								
	Type/Model cc								
Transponder No	Class Year								
Sponsor Details									

SECTION 3 – EVENT DETAILS

Date	Circuit	Entry Fee	Tick	Closing Date	Payment to:
5 th /6 April	Snetterton 300	£495		28 th March	BACs / Cheques to Mini 7 Racing Club
3 rd / 4 th May	Brands GP	£495		25 th April	BACs / Cheques to Mini 7 Racing Club
7 th / 8 th June	Silverstone GP	£495		30 th May	BACs / Cheques to Mini 7 Racing Club
11 th /12 th /13 th July	Zandvoort	£495		4 th July	BACs / Cheques to Mini 7 Racing Club
2 nd / 3 rd August	Brands Indy	£495		25 th July	BACs / Cheques to Mini 7 Racing Club
6 th / 7 th September	Croft	£495		29 th August	BACs / Cheques to Mini 7 Racing Club
20 th /21 st September	Castle Combe	£495		12 th September	BACs / Cheques to Mini 7 Racing Club
11 th / 12 th October	Silverstone Int	£495		3 rd October	BACs / Cheques to Mini 7 Racing Club

By Bank Transfer Mini 7 Racing Club: Sort Code: 30-92-82 Account No: 00004822. Send completed form via email to colin@ecrloss.com

Name and Address of Relative to be Notified in the Event of a Serious Accident									
Name			Relationship		Telephone				
Address									
I declare that: 1. I have been given an 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 and competent to take part in the event. I understand that motorsport is dangerous and accidents causing death, injury, disability and property damage can and do happen. I understand that these risks may give rise to my suffering personal injury or other loss and I acknowledge and accept these risks. 2 . To the best of my belief the driver(s) possess (e's) the standard of competence necessary for an event of the type to which this event as shall take placer on roads as defined by the law. 4 . 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, Imay 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. 5 . Any application form for a Licence which we signed by a person under the age of 18 years was countersigned by that person's parent/legal guardian/guarantor, whose full names and addresses have been given. 6 . If I am 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 Supplementary Regulations istoued for this event and the General Regulations of the MSA. As the Parent/Guardian/Guarantor I confirm that I have acquainted myself with the MSA General Regulations (and any subsequent alteration thereof). Further, I agree to pay as liquidated damages any fines missed upon me up to the maxima set out in Part 3 . Appendix 1 . Note: <i>Where the Parent/Guardian/Guarantor is not present there must be a representative who must produce a written and signed authorisation to so at from the Parent/Guardian/Guarantor as appropriate. 7. I he</i>									
Driver S	ignature				Date				
Age if Under 18 Any indemnity and/or declaration as described by the paragraphs above which is signed by a person under the age of 18 shall be countersigned by that person's parents or guardian, whose full name & address is below									
Name of Parent/Guardian			Signature of Parent/	Guardian					