



PAUL RICARD ENTRY FORM

F3 1000cc + Historic Formula Ford Race

7-8-9 APRIL 2017

1 Qualifying (25') + 2 races (25' each)

Entries Close Monday 20th March 2017

Entrant's/driver's details (please use Block Capitals)

Racing Number

Name:	
First Name :	
Address :	
Country :	
Mobile Phone :	
Fax :	
e-mail :	
Date of birth	Blood group:
Licence N°	Issuing Authority:

Car details

Make	Model:
Year of construction	Class:
FIA HTP N°	Engine capacity:
Transponder N°	Colour:

GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

I hereby make application to participate in the Race Meeting to be held at Paul Ricard Circuit, on April the 8th, 9th and 10th 2016.

I certify that particulars of my car as given are correct.

I have been given the opportunity to read the General and Specific Regulations of the Trophy, and the Technical Regulations and agree to be bound by them. I have been given the opportunity to read, if any, the Supplementary Regulations for this event and agree to be bound by them. I agree to make my car available for inspection by technical officials. 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 have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.

2. I declare that to the best of my belief the driver(s) possess(es) 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.

3. 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 my 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.

4. 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.

Entry Fees: To be paid by bank swift

For Members of Historic F3 1000cc European Trophy: **695€**

This entry form is not valid unless the driver has signed below and filled the contact file

Signature Driver	Date:
Person to contact in case of accident	Name: Mobile phone:

Thanks to send this document, fully completed, to

Historic F3 1000cc European Trophy

Francois DEROSI

7 rue du Petit Clos

95160 Montmorency . FRANCE.

or by fax : (00) 33 1 42 80 20 12

or by email : derossi@free.fr (Please ensure your name + Paul Ricard is included on Bank swift)

BANK DETAILS

Historic F3 1000cc European Trophy

IBAN: FR76 3007 6020 1983 8174 0020 043

BIC: NORDFRPP

CREDIT DU NORD Paris Hausmann

