

FJHRA ENTRY FORM

CIRCUIT – ALGARVE

DATE: 16th-18th October 2009

[Free Practice; 30mins, Qualifying Practice –30 mins; Race 1; 25mins, Race 2; 25 mins]

DRIVER Details

Surname	
First Name	
Nationality	
Address	
Town	
Postcode	
Country	
Phone No	
Fax No	
Contact No at Circuit	
E-mail Address	
Next of Kin Name and Contact Tel no.	
National Licence No	

ENTRANT Details (if different from Driver)

Name	
Address	
Signature	

VEHICLE Details

FJ Race Number	
Make & Model	
Engine Capacity (cm ³)	
Year of Manufacture	
Colour	
Chassis No	
FIA Vehicle Identification Number [on HTP]	
Transponder No	
Class: A / B / C / D / E / F	

ENTRIES CLOSE: 26th June 2009

ENTRY FEE €350 /£315 GBP (see p.2 for payment details)

GENERAL DECLARATION FOR COMPLETION BY ALL COMPETITORS AND ENTRANTS

I hereby make application to participate in the Race Meeting to be held at the Algarve Autodrome on October 16th – 18th 2009

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

I declare that I have been given the opportunity to read the FJHRA Technical Regulations 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 possess 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 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 my vehicle, I may not take part unless I have declared such disability to my 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 relates I shall have passed or am exempt from an ASN specified medical examination within the specified period.

SIGNATURE..... Date.....2009

Signature of Parent if under 18.....

PAYMENT METHODS:

1 **Cheques** (we only accept UK Sterling): Payable to “FJHRA”

2 **BAC:** Reference; “2009 FJ Algarve” and “Your Name”

Bank Address;

RBS
London Drummonds Branch
49 Charing Cross
London
SW1A 2DX

a. **Sterling Account**

Account Name: FJHRA
Account Number: 00676087
Sort Code: 160038
IBAN: GB18 RBOS 160038 00676087
IBAN BIC (Swift): RBOSGB2L

b. **Euro Account**

Account Name: FJHRA
Account Number: 161070 10044692 RABADCP-EUR1
IBAN: GB27 RBOS 1610 7010 0446 92
IBAN BIC: RBOS GB 2L

3 Please debit the full entry fee, from my **FJHRA Deposit Account.**

N.B: Please instruct your Bank that **all expenses** of the transfer are to be paid by you, the sender.

Please remember to return your 2009 FJHRA subscription form together with all applicable racing fees, if you haven’t done so already...

Please return to:

FJHRA, 4 Wool Road, Wimbledon, London, SW20 0HW, UK

Tel: +44 208 946 1730 / Fax: +44 208 946 2367

E-mail: formulajunior@blueyonder.co.uk