

Office use only
Date Received:

Fee Received:

**Attach Driver
or Team
Manager Photo
Here**

2010 Registration Form

COMPETITOR DETAILS

NAME OF ENTRANT: _____

NAME OF DRIVER (if different to Entrant): _____

MAIN CORRESPONDANCE ADDRESS: _____

_____ POST CODE: _____

EMAIL: _____ TEAM MANAGER NAME (if Team Entry): _____

TELEPHONE: (MOBILE) _____ (DAY TIME) _____

MSA DRIVERS LICENSE NO. (if 'Driver Entrant'): _____ **MSA ENTRANT LICENCE NO.** (if 'Team Entrant'): _____

SPONSOR / TEAM NAME (If any. To appear in official programme) _____

(N.B.: See section 1.4.1 & 6.2 of the Championship Regulations for more detail on entrant Registration.)

RACE NUMBER APPLICATION (MAX. 2 DIGITS. 1ST COME 1ST SERVED)

1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____

CAR DETAILS

MAKE OF CAR: _____

MAKER'S TYPE or MODEL: _____

RACE GROUP APPLIED FOR: _____

BODYWORK COLOUR: _____

TRANSPONDER NUMBER: _____

(N.B.: **Race Car Technical Declaration (RCTD)**. To score Championship points entrants **MUST** submit a RCTD form to Bute Motorsport 1 month prior to the first round or 14 days prior to subsequent rounds of the Championship. RCTD forms are available from Bute Motorsport. See section 1.4.1 and 5.4.3 of the Championship Regulations for further details.)

PADDOCK SPACE REQUIREMENTS (N.B. For Paddock Planning)

Race car will be transported in: **PLEASE TICK AS APPLICABLE**

ARTICULATED TRUCK

RIGID TRUCK TANSPORTER

VEHICLE / TRAILER COMBINATION

RACE TRANSPORTER DETAILS

MAKE: _____ MODEL: _____

REG No: _____ LENGTH: _____ WIDTH: _____

MOTORHOME / CARAVAN

MAKE: _____ MODEL: _____

REG No.: _____ LENGTH: _____ WIDTH: _____

REGISTRATION FEE: Registration costs **£475 + VAT**. A **£100 discount** is available for Registrations received before 1 February 2010.

PAYMENT METHOD (TICK AS APPROPRIATE): I enclose a cheque (payable to **Bute Motorsport Ltd**) or have made a BACS payment

Details for BACS payments: Account name: Bute Motorsport Ltd; Sort: 40-47-28; Account No: 41694634; IBAN: GB17MIDL40472841694634.

An invoice will be issued on receipt of registration please state separately if invoice name and address details are to be different from those above.

ANY QUERIES: Please contact Championship Coordinator Belinda Edwards: belinda@butemotorsport.co.uk, (mob) 07798 918 852 or (work) 01379 890 703

PLEASE RETURN FORM BY POST TO: Hannah Wilson, Bute Motorsport Ltd, C/o Haynes Int'l Motor Museum, Sparkford, Somerset, BA22 7LH

OR FAX TO: 01963 441 004 **OR SCAN & EMAIL AS AN ATTACHMENT TO:** hannah@butemotorsport.co.uk

GT CUP CHAMPIONSHIP REGISTRATION

I wish to register for the 2010 GT Cup Championship, which is jointly organised by Bute Motorsport and MotorSport Vision Racing (MSVR). In signing this registration form I undertake to abide by the Regulations set out in the 2010 GT Cup Championship Regulations and confirm receipt of a copy of the same. I also agree to abide by the Regulations of the MSA. The Driver and the Entrant hereby authorise Bute Motorsport and MSVR to use and license the use of images and representations of the driver and team paraphernalia. This includes the logo and decals of all sponsors of the driver and/or entrant for the purpose of producing merchandise exploiting the reputation of the series. I further undertake to abide by any future amendments or clarifications that are sent to me by Bute Motorsport, MSVR or the MSA during the course of the 2010 season.

NAME: _____ SIGNATURE: _____ DATE: _____