

# The Triple M HSA Speed Championship



## ENTRY FORM 2023

I hereby request that I be listed as a competitor in the Triple M HSA Speed Championship for 2023. 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:** \_\_\_\_\_

**Comp Licence, Grade & Number:** \_\_\_\_\_

**HSA Membership No.** \_\_\_\_\_ **Eligible for Novice trophy?** \_\_\_\_\_ **Y / N**

**Do you hold a valid road traffic licence?** \_\_\_\_\_ **Y / N** **Eligible for Under 25 trophy?** \_\_\_\_\_ **Y / N**

**Tel Home:** \_\_\_\_\_ **Tel Business:** \_\_\_\_\_

**Tel Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Make of car:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Capacity:** \_\_\_\_\_

**Turbocharged/Supercharged/Rotary/Diesel?** \_\_\_\_\_ **Championship Class:** \_\_\_\_\_

**I enclose a crossed cheque/PO for £35 payable to: The HSA Ltd**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guarantor (parent/guardian) for applicant 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**