

PLEASE USE BLOCK CAPITAL LETTERS

FULL NAME:

ADDRESS:

POST CODE:

DATE OF BIRTH:

CONTACT TELEPHONE NUMBER:

OR:

EMAIL ADDRESS:

I WOULD LIKE TO RECEIVE NEWSLETTER VIA EMAIL

YES

NO

RACING NUMBER REQUESTED

#

OR

OR

OR

PREVIOUS RACING EXPERIENCE

FOMULA

NUMBER

GRADE

HIGHEST
GRADE

1

2

3

Have you ever been banned by any licensing body?

YES

NO

IF "YES" please provide information on separate sheet detailing information

Do you hold a full UK or Country equivalent driving license ?

Y / N

Are you colour blind ?

Y / N

Do you plan to wear spectacles/ contact lenses when racing ?

Y / N

Do you suffer from Epilepsy or sudden attacks of disabling giddiness?

Y / N

Are you suffering from any defect in movement or muscular power?

Y / N

Are you suffering from any disease, medical condition mental

Or physical, or disability which may cause the driving by you in

a competition to be a source of danger to yourself and to others?

Y / N

Do you suffer from any NECK OR BACK problems, which have caused

you to visit a Doctor within the last 12 months?

Y / N

Are you currently on any perscribed medication from your doctor

that could put you or anybody else at risk ?

Y / N

"If you answered yes to any of the above questions you may be required to produce a doctors letter prior to a license being granted to you"

DECLARATION : I declare that I have answered these questions truthfully to the best of my knolodge. I have also read and understood the rules set out in the V8stock cars tour rulebook, Personal behaviour agreement and the car construction rules.

I also understand that :

It is my responsibility to make sure the car I intend to race conforms with the regulations at all times.

My team and family will observe and abide by the behaviour agreement and rules also.

Signed:

Date:

PAYMENT:-

PLEASE SEND 4 x PASSPORT SIZE PICTURES

LICENSE FEE £110.00

PLEASE MAKE CHEQUES PAYABLE TO: v8 stock cars tour ltd

SEND TO:- **15 Ifould Cresent , Wokingham , Berkshire, RG40 1LB**

BANK TRANSFER: AC# 38882068

SORT CODE# 30-91-91

AC NAME:V8 stock cars Tour LTD

IF PAYING ELECTRONICALLY PLEASE USE YOUR RACING NUMBER AS PAYMENT REFERENCE



BOX FOR OFFICAL USE ONLY: DATE RECIEVED: PAYMENT: Y / N RENEWAL Y / N
NEW APPLICATION: Y / N RULE BOOK SENT WITH LICENSE Y / N
NUMBER ISSUED #
V8 STOCK CARS TOUR OFFICIAL SIGNATURE :