

**V8 stock cars tour Driver application form- 2022**  
**15 Ifould Cresnet , Wokingham**



|   |   |                    |        |               |   |   |
|---|---|--------------------|--------|---------------|---|---|
| PLEASE USE BLOCK CAPITAL LETTERS  |   | Berkshire RG40 1LB |        |               |   |   |
| 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            |   |   |
| PREVIOUS RACING EXPERIENCE  |   | FOMULA             | NUMBER | GRADE         |   |   |
|   |   |                    |        | HIGHEST GRADE |   |   |
| 1   |   |                    |        |               |   |   |
| 2   |   |                    |        |               |   |   |
| 3   |   |                    |        |               |   |   |
| Have you ever been banned by any licensing body?  |   |                    | YES    | NO            |   |   |
| <i>IF "YES" please provide information on separate sheet detailing information</i>  |   |                    |        |               |   |   |
| 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         |   |   |
| <i>"If you answered yes to any of the above questions you may be required to</i>  |   |                    |        |               |   |   |
| <i>produce a doctors letter prior to a license being granted to you"</i>  |   |                    |        |               |   |   |
| <b>DECLARATION :</b> I declare that I have answered these questions truthfully to   |   |                    |        |               |   |   |
| the best of my knowledge. I have also read and understood the rules set out in the  |   |                    |        |               |   |   |
| V8 stock cars tour rulebook, Personal behaviour agreement and the car construction rules.   |   |                    |        |               |   |   |
| <b>I also understand that :</b>   |   |                    |        |               |   |   |
| 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:              |        |               |   |   |
| <table border="1" style="width:100%; height:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>PAYMENT:-</b><br/> <b>LICENSE FEE £110.00</b><br/>                     PLEASE MAKE CHEQUES PAYABLE TO: v8 stock cars tour ltd<br/>                     SEND TO:- <b>15 Ifould Cresnet , Wokingham , Berkshire, RG40 1LB</b><br/>                     BANK TRANSFER: AC# 38882068      SORT CODE# 30-91-91      AC NAME:V8 stock cars Tour LTD<br/>                     IF PAYING ELECTRONICALLY PLEASE USE YOUR RACING NUMBER AS PAYMENT REFERENCE                 </td> <td style="width:50%; vertical-align: top;"> <b>PLEASE SEND 4 x PASSPORT SIZE PICTURES</b> </td> </tr> </table> |   |                    |        |               | <b>PAYMENT:-</b><br><b>LICENSE FEE £110.00</b><br>PLEASE MAKE CHEQUES PAYABLE TO: v8 stock cars tour ltd<br>SEND TO:- <b>15 Ifould Cresnet , Wokingham , Berkshire, RG40 1LB</b><br>BANK TRANSFER: AC# 38882068      SORT CODE# 30-91-91      AC NAME:V8 stock cars Tour LTD<br>IF PAYING ELECTRONICALLY PLEASE USE YOUR RACING NUMBER AS PAYMENT REFERENCE | <b>PLEASE SEND 4 x PASSPORT SIZE PICTURES</b> |
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BOX FOR OFFICIAL USE ONLY: DATE RECEIVED:      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 :