

MINI CAR CLUB OF N.S.W.
SUPERSPRINT – WAKEFIELD PARK
9th SEPTEMBER 2017

Held under the International Sporting Code of the FIA, and the National Competition Rules of CAMS
CAMS Permit No. 217/0909/01

To be completed and forwarded, with entry fee to:- Joan Vaughan, 25 Treloar Ave, Mortdale, NSW, 2223,
email: joan.vaughan@optusnet.com.au

Competitor: Name:.....Phone:.....Car Club:.....

Address: _____ Post Code: _____

Driver Name: _____ Mobile: _____ Car Club: _____

Address: _____ Post Code: _____

Email address:.....

CAMS Licence Number:..... Log Book Number (if applicable).....

Next of Kin/Emergency Contact: Name:.....Phone:.....

Vehicle: Make: _____ Model: _____ Colour: _____ Year: _____

Body Type: _____ Engine Capacity: _____ cc Rotary:.....Turbo:..... Rego No.: _____

Previous Best Times: SMSP-GP _____ SMSP-North _____ SMSP-South _____ Wakefield _____

Were these times recorded in the vehicle you are entered in? Yes / No

If **No** what type of Car, Category and Class: _____ Preferred Competition Number: _____

Do you plan to fit a camera in your vehicle at any time during the event? Yes / No

Class Entered (Tick Box) (Classes as per the CAMS 2017 NSW Supersprint Technical Regulations)

Type 1

0 - 1600cc 1601 - 2000cc 2001 - 4000cc 4001cc and over

Type 2

0 - 1600cc 1601 - 2000cc 2001 - 4000cc 4001cc and over

Type 3

0 - 1600cc 1601 - 2000cc 2001 - 4000cc 4001cc and over

Type 4

0 - 1600cc 1601 - 2000cc 2001 - 4000cc 4001 - 6000cc

Type 5

A B C D

Type 6

A B C D

Type 7

A B C D

PIT CREW (must be listed to be covered by CAMS Personal Accident Contribution

1.....2.....3.....4.....

Please Note: The Disclaimer for exclusion of liability, release and assumption of risk – Competitors and/or Drivers is attached. This disclaimer **must be signed** or the entry will not be accepted

DORIAN TIMER

Hire: Yes / No Use own Dorian: Number.....

Entry Fee: \$200; Dorian Hire (if required) \$15; Bracket Purchase (if required) \$10; Total Fee Payable \$.....

Credit Card Payment: Amount: \$..... Type of Card (please tick)Visa Mastercard

Card Number: Expiry Date: /

Card Holder's name:.....Signature:.....