

All information must be completed on this 3-page form or entry will be returned.

**Spring Club Event
 Mazda Raceway
 Laguna Seca**

Entry fee and a current photograph must accompany this entry.

March 16–17, 2019
Entry Deadline March 1, 2019

Driver _____ Age _____ HMSA No. _____

Address _____

City _____ State _____ ZIP _____

Hm Ph: _____ Off.Ph _____ Cell Ph. _____

FAX _____ Email _____

Shirt Size S M L XL XXL

ENTRY REQUEST WAIVER

As a driver and/or entrant, I make this request for entry into a Historic Motor Sports Association race event with the knowledge that motor racing is dangerous, and that I will be required to sign a Release and Waiver Form before begin entitled to compete. Driver/entrant further acknowledges that vintage racing may involve dangers present in any form of motor racing; but that vintage racing may also entail special dangers including, but not limited to, lack of contemporary safety equipment in your own or in competitors' cars such as roll cages, fuel cells, fire systems, etc., drivers with different skill levels, and race groupings which may include different types of cars in the same group, creating potential problems of visibility and disparate speed potentials. In requesting this entry, I acknowledge that I understand and voluntarily assume these and all other risks inherent in vintage racing. I also acknowledge any contact incident I may be involved in may be reported to the Vintage Motorsports Council.

Driver Signature _____ Date _____

DRIVER INFORMATION

Do you hold or have you held a recognized full competition license? YES NO Issued By _____ Years _____

Do you hold a current vintage racing license? YES NO Issued by _____

Do you hold a current medical card? YES NO Issued by _____ Date of Last Stress EKG _____

Have you competed in vintage races? YES NO Approximate Number of Races _____ No. of Years _____

List events competed in during last 12 months _____

Have you been Black Flagged during last 12 months? YES NO Where/why? _____

Have you been involved in an incident at a vintage event in which a car was damaged in the last 4 years? YES NO

Where/When? _____

Have you been suspended by any racing organization during the last 4 years? YES NO Organization _____

If yes please explain: _____

CAR INFORMATION

**OFFICE
USE ONLY**

Class _____ Group _____ Car Number _____

Entry will be returned if not completed fully

Entrant/Driver _____

Year: _____ Make: _____ Type: _____ Rdst/Cpe: _____

Chassis No.: _____ Color _____ Class: _____ AMB Transponder #: _____

Has car been modified from original mfg. spec? (Explain): _____

ENGINE Make/Type/Year Mfg: _____ Disp. cc _____ Horsepower _____

Lubrication system wet sump dry sump Induction System Mfg. _____

Has engine been modified from original Mfg. spec? (Explain): _____

CAR RACE HISTORY: _____

Entrant/Driver acknowledges this car complies with all 2019 HMSA Rules and Regulations. If the car being entered does not comply please explain:

BRAKES Front Drum Disc Rear Drum Disc Original Improved, explain: _____

Wheel Size (width & diameter): Front: _____ Rear: _____

TIRE SIZE, brand, model, speed rating, etc. (List exactly as shown on the sidewall)

Front: _____ Tread width: _____

Rear: _____ Tread width: _____

CAR NUMBER WILL BE ASSIGNED BY ORGANIZERS

Car number desired: List three choices (1) _____ (2) _____ (3) _____

ATTACH PHOTO HERE

No slides or photocopies please.

YOU MAY EMAIL A DIGITAL PHOTO TO:

hmsa@hmsausa.com

PUBLICITY RELEASE

As a condition of entry acceptance, the entrant and/or his nominated driver agree to permit HMSA and its assigns the use of their name, voice and/or likeness for news, publicity and feature use including film, television, and printed media, and in connection with advertising and purposes of trade. He/they further stipulate that no prior agreement with a sponsor or other person is in conflict with this agreement.

Driver Signature _____ Date _____ Entrant Signature _____ Date _____

EVENT

DATE

ENTRY DEADLINE

ENTRY FEE

Spring Club Event March 16 — 17 **March 1** \$695 _____
Mazda Raceway Laguna Seca

TOTAL: _____

PAYMENT INFORMATION

VISA MasterCard Discover Check No.: _____ Total Amount _____

Credit Card No.: _____ - _____ - _____ - _____ Expiration Date ____ / ____ Security Code _____

Name on Card: _____ Signature _____

Make check payable to: HMSA

Send to:



2029 Verdugo Blvd., No. 1010
Montrose, CA 91020

Tel: 818.249.3515

email: hmsa@hmsausa.com
www.hmsausa.com

FOR OFFICE USE

Authorization No. _____ Date Received _____ Amount Received _____ Check No. _____