

Entry form for the Racing Perfection Ginetta Scholarship 2010 Please complete all sections of this form in BLOCK CAPITALS and send it to the address at the bottom of the form

Full Name:	
Age:	
Email Address:	
Postal Address:	

Telephone number:

Mobile Number:

Previous racing experience:

Any other information you would like to provide us with:

Driver n	neasurem	ents:- 1	This is required for seat	positioning within the Ginetta vehic	cles		
Overall h	eight:	Ft	Inches	Inside leg measurement:	Inches		
How did you hear about us?							

Entry Fee:

I wish to enter the Racing Perfection Ginetta Scholarship and enclose my payment of £379 with this form. (Cheques payable to Racing Perfection Ltd)

Next of Kin		Address:
Name: Contact number:		Address.
Guardian (if under 18)		
Name:		Address:
Telephone Number:	Long W. T. Long W.	712071207120712071200
Mobile:	「しんやてしんや	Relationship:
that I understand the nature and typ	I mentally fit to take part in the Rac pe of the competition and the poter ree to be bound to all sections of th	ing Perfection Ginetta Scholarship and I am competent to do so. I acknowledge ntial risk inherent with motor sport and agree to accept that risk. ne Racing Perfection Ginetta Scholarship Terms and Conditions detailed on the nd conditions.html
Signed	Date	Guardian Signature (if under 18)
Name		Guardian Name & Relationship

Please send all entries with the required payment to:

Racing Perfection Ltd, Little Croft, Jermyns Lane, Ampfield, Romsey, Hampshire. SO51 0QA