



# SKEGNESS RACEWAY LTD

## 2021 DRIVERS LICENCE APPLICATION FORM

Tick appropriate formula(s)		Licence Fee
National Banger		£60 before 31/12/20 £75 from 01/01/21
Rookie Banger		£45 before 31/12/20 £55 from 01/01/21
1300 Saloon		£60 before 31/12/20 £75 from 01/01/21
GT Hotrod		£55 before 31/12/20 £65 from 01/01/21 £15 race fee per meeting
Junior Rod		£40 before 31/12/20 £45 from 01/01/21
Junior Banger		£40 before 31/12/20 £45 from 01/01/21
ORC Ministox		£60 before 31/12/20 £75 from 01/01/21
Lady Rookie Banger		£35 before 31/12/20 £45 from 01/01/21
Add on Licence		£30 per formula

Official use:  
Payment:

Number of photos:

Proof of age if required:

Date of Issue:

**PLEASE WRITE IN BLOCK CAPITALS AND COMPLETE IN FULL (and tick above for what formula(s))**

**Racing Number Required.....**

**Full Name.....Date of birth.....**

**Address .....**

.....

.....**Post Code.....**

**Telephone Number.....Email Address.....**

**Please remember and send the required numbers of passport size photos.**

**2 are require for 1 licence, more if you are racing more than 1 formula**

**First time Junior/Ministox drivers must also send a Birth Certificate & complete a written and driving test**

**All formulas excluding Adult Bangers must use Raceceivers. GT Hotrods & 1300 Saloons must also be fitted with Transponders**

**Have you been suspended or banned from racing at Skegness Raceway or any other ORC Promotion? If so please give details**

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**Please PTO to page 2 to complete the form, thanks**



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### MEDICAL QUESTIONNAIRE - MUST BE COMPLETED

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I hereby warrant the following answers are true and each warranty is repeated and continues to be true throughout the term of this agreement in respect of my medical condition in respect of my medical condition.

Please answer Yes or No.

1. Do you suffer epilepsy or sudden attacks of disabling giddiness or fainting?.....
2. Are you suffering from any defect in movement or muscular power?.....
3. Are you suffering from any disease, medical condition, mental or physical, or disability which may cause the driving by you in a competition car to be a source of danger to yourself or others on the track or on the Stadium property?  
.....

4. Do you suffer from any back or neck problems which have caused you to visit a Doctor in the last 12 months?.....

5. Have you suffered any race injuries which have resulted in you receiving hospital treatment in the last 5 years? If so please give full details on a separate sheet.

If the answer is YES to any of the above medical questions. A DOCTORS LETTER WILL BE REQUIRED prior to a racing license being issued.

I declare to the best of my knowledge & belief that the information I have supplied is correct

Signed by applying driver.....Date.....

**To be completed by Parent /Guardian of applicants under 18yrs of age.**

**Signed..... Date.....**

**Name.....Parent/Guardian.....**

**Address.....**

**.....Postcode.....**

Cheques should be payable to Skegness Raceway Ltd. Card payment can also be made

Name on card.....signed.....

Card Number.....expiry date..... Security Code.....

***Please ensure you have filled in all the info and sent enough passpost size photos and the correct payment.***

**Please post to:**

**Skegness Raceway Licencing, Skegness Raceway, Marsh Lane, Orby, Skegness, PE24 5JA**

**www.skegway.info Tel: 07881 021058 email: info@skegway.info**