

ASCOT PARK HOTEL CLASSIC SPEEDFEST 2025
TERETONGA PARK, INVERCARGILL
14-16 February 2025

ORGANISERS USE ONLY	
Entry Received	Allocated Comp No

ALL PARTS OF THE ENTRY AND INDEMNITY FORMS MUST BE FILLED IN

Driver Name: _____ Date of Birth: _____
 Address: _____
 Phone No.: _____ Email: _____
 Civil Drivers Licence No.: _____ Historic Licence No.: _____
 VCC Membership No.: _____ VCC Vehicle Identity No.: _____
 Vehicle Make: _____ Vehicle Model: _____
 Year of Manufacture: _____ Colour: _____
 Capacity in Cubic Centimetres: _____ Helmet Spec. No.: _____
 Racing Overalls, List Type Being Used: _____
 Permanent Race No.: _____ Transponder No.: _____
 Emergency Contact: _____ Phone No.: _____

FEES PAID (Please)

Entry Fee - National	\$440.00	<input type="checkbox"/>	Transponder Hire	\$30.00	<input type="checkbox"/>
Extra Class	\$150.00	<input type="checkbox"/>	Extra Admission Pass	\$25.00	<input type="checkbox"/> No. required ____
Late Entry Fee	\$75.00	<input type="checkbox"/>			

MERCHANDISE (Please)

"Still Going Round in Circles" compiled by Wendy Jenks	\$50.00	<input type="checkbox"/> No. required ____
"Going Round in Circles" compiled by Keith Douglas	\$20.00	<input type="checkbox"/> No. required ____
"Competitive Spirit" DVD – SSCC Film Archives	\$25.00	<input type="checkbox"/> No. required ____
Teretonga Park Cap	\$30.00	<input type="checkbox"/> No. required ____

TOTAL FEES PAID: \$ _____

Bank Account Details: **03-1750-0196035-00** (please use driver name as reference)

Visa/Mastercard Details (circle one) <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Card Number	_____										
Name of Card Holder	_____ Expiry Date _____										
Signature	_____ Amount \$ _____										

ENTRY CLOSING DATE: Friday 31st January 2025 at 5.00pm

Please post completed Entry Form to:

Secretary of the Meeting
Southland Sports Car Club Inc.
PO Box 543
Invercargill 9840
info@teretonga.org.nz

Or Email to:

TAX INVOICE

GST NO: 49-621-531

For Office Use Only		
Date Entry Received:	Payment Type: Cash/Credit Card/Bank Transfer	Payment Rec'd:

THE VINTAGE CAR CLUB OF NEW ZEALAND INC. - SOUTHLAND BRANCH

**EVENT: ASCOT PARK HOTEL CLASSIC SPEEDFEST 2025
TERETONGA PARK, INVERCARGILL**

DATE: Friday 14 February to Sunday 16 February 2025

INDEMNITY FORM: IN CONSIDERATION of the acceptance of this entry and my being permitted to take part in this event I hereby agree to save harmless and keep indemnified THE VINTAGE CAR CLUB OF N.Z. INCORPORATED and its Branches and its associated organisations and their respective officials, servants, members, representatives and agents from and against all actions claims, costs, expenses and demands in respect of death or injury to any person including the person of myself, driver and passengers and in respect of loss of or damage to property of any nature howsoever caused arising out of or in connection with this entry or my taking part in this event and NOTWITHSTANDING that the same may have been contributed to or occasioned by the negligence of the said Club, Branches and associated organisations their officials, servants, members, representatives or agents. AND I AGREE that both at the date of acceptance of this entry and at the date of the event, the competing vehicle does and will comply with the rules of the Vintage Car Club of NZ (Inc.), the speed regulations and any supplementary regulations as notified with the entry form.

I also consent to the collection of the details on this form by the Vintage Car Club of NZ (Inc.) for the purposes of registration, administration, and the publication of results. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Signature of Driver: **Dated:**
Signature of Entrant/Owner (if not the driver): **Dated:**

MEDICAL DECLARATION

Do you currently or have you ever suffered from any seizures, blackouts or heart conditions, or any other medical issue which may interfere with your ability to safely drive a car in a VCC Speed Event?

YES / NO If you have answered Yes, please give full details below –

.....
.....

If you answered Yes above, a medical certificate to confirm your fitness to safely compete in a VCC Speed Event is required by the National Speed Steward and must accompany this form.

- Knowingly withholding any relevant information in regard to the above question will result in the immediate cancellation of your Historic Racing Licence for a minimum period of six (6) months.
- If, during the validity of your Historic Racing Licence, you should suffer from any medical condition as outlined above, you must advise the National Speed Steward accordingly, who may suspend your licence and request a medical certificate to confirm your fitness to take part in a VCC Speed Event.

I AFFIRM THAT THE STATEMENTS MADE BY ME WITH REGARD TO MY MEDICAL HEALTH ARE TRUE AND ACCURATE AND THAT I HAVE READ AND UNDERSTOOD THE VCC SPEED EVENT REGULATIONS, SECTION 23 OF THE VCC CLUB MANUAL.

SIGNATURE OF DRIVER: **DATED:**

UNDERAGE INDEMNITY

If any of the above persons is under the age of twenty (20) years, the parent or guardian must print their own name in full and sign opposite the name of such minor, and complete the following:

IN CONSIDERATION of the acceptance of the entry of the above named, I, _____,
the parent/guardian of _____ the abovenamed minor HEREBY
UNDERTAKE AND AGREE TO the indemnity terms and conditions set out above.

SIGNATURE (Parent/Guardian): _____ DATED: _____