



P.O. Box 21358, VALHALLA 0137 - Telephone: 012 384 2299 - Fax: 086 541 3912
 email: events@zwartkops.co.za - EVENT PERMIT No.: 15606

Racing Number

ZOC Membership No.

OFFICIAL ENTRY FORM

I hereby apply to compete in the event to be held on **12th & 13th OCTOBER 2018** at Zwartkops Raceway.

RACE ENTERED (MARK WITH X)							
BMW Car Club		MPC		SRA		Formula Monoposto	CLASS
INEX Legends		Bridgestone Challenge		Midvaal Historics		NSSC	
Super Saloons		SuperHatch		Alfa Challenge			

ENTRANT / DRIVER / RIDER DETAILS

SPONSOR		CAR/BIKE RACE NUMBER	
DRIVER/ RIDER		Comp. Lic. No.	Please attach a copy of your MSA Licence
e-mail:		Cell:	
Domicile		Date of Birth:	
Emergency Contact Person:		Emergency. Tel.	

VEHICLE DETAILS

Make of Vehicle		Type / Model		Year	
Engine Make		Capacity		No. of Cyl.	

DECLARATION/UNDERTAKING TO BE SIGNED BY EVERY ENTRANT / DRIVER / RIDER:

I/We have read and understood GCR's 93, 94, 113, 121 and 122 of the MSA Handbook and signify my/our agreement to abide by these Rules by signing this entry form.

Driver/Rider: _____ (Print) _____ Date _____
 (Signature)

Parent/Guardian: _____ (Print) _____ Date _____
 I being the lawful parent/guardian of the abovementioned competitor do hereby grant permission for him /her to drive/ride in the abovementioned event

ENTRY FEES

NATIONAL/REGIONAL CHALLENGE:
 CLUB CHAMPIONSHIP:
 SUPEHATCH
 ZOC MEMBERS:
 2nd ENTRY – Same Car/Bike & Same Driver:

EARLY BIRD (Entry Form + Payment)

R 1700.00
 R 1450.00
 R 1250.00
 R 100.00 discount
 R 600.00

AFTER WEDNESDAY, 26TH SEPTEMBER 2018

R 1900.00
 R 1550.00
 R 1550.00
 R 100.00 discount
 R 800.00

**Account Holder: Zwartkops Raceway Bank: ABSA Branch Code: 334 705
 Account Number: 405 503 3680**

FOR OFFICIAL USE ONLY

Date Rec. _____ Entry Fee paid R Tickets collected _____
 Chq ___ : Cash ___ : Dep. ___ Log Book R _____ Extra Tickets R _____