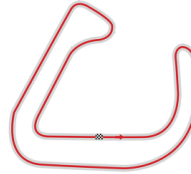


ZWARTKOPS
RACEWAY

P.O. Box 21358, VALHALLA 0137
Telephone: (012) 384-2299
Fax: 086 541 3912
email: info@zwartkops.co.za
EVENT PERMIT No.: **15612**



| |
|--------------------|
| Racing Number |
| HTP Number |
| ZOC Membership No. |

OFFICIAL ENTRY FORM

I hereby apply to compete in the event to be held on **2nd & 3rd November 2018** at Zwartkops Raceway.

| RACE ENTERED (MARK WITH X) | | | | | | | | CLASS |
|-------------------------------------|--|----------------|--|-----------------------|--|-------------------|--|-------|
| LOTUS | | SUPER SALOONS | | U2 | | MONOPOSTO | | |
| PRE'80 HISTORIC SALOONS (A,B,C,D,E) | | MPC | | LITTLE GIANTS | | NSCC | | |
| PRE'80 HISTORIC SALOONS (F,G,H) | | SILVER CUP | | PRE'66/68 SPORTS & GT | | SRA | | |
| FORD | | ISP/ TA | | PRE'90 SPORTS & GT | | MIDVAAL HISTORICS | | |
| INEX LEGENDS | | PRE'66 LEGENDS | | PURSUIT SERIES | | ALFA CHALLENGE | | |

ENTRANT / DRIVER / RIDER DETAILS

| | | | |
|----------------------------------|--|------------------------|--|
| SPONSOR | | CAR RACE NR | |
| DRIVER | | Comp. Lic. No. | |
| e-mail: | | Cell: | |
| Domicile | | Date of Birth: | |
| Emergency Contact Person: | | Emergency. Tel. | |

Please attach a copy of your MSA Licence

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

REGIONAL CHALLENGE
CLUB CHAMPIONSHIP
SECOND ENTRY (SAME CAR)
ZOC MEMBERS DISCOUNT

EARLY BIRD (Entry Form + Payment)

R 1700.00
R 1450.00
R 600.00
R 100.00

AFTER WEDNESDAY, 24TH OCTOBER 2018

R 1900.00
R 1550.00
R 800.00
R 100.00

LEGENDS OF THE 9 HOUR - ABSA - BRANCH NUMBER 630 642 - ACCOUNT NUMBER 405 885 4259

FOR OFFICIAL USE ONLY

Date Rec. _____

Entry Fee paid R

Tickets collected _____

Chq ___ : **Cash** ___ : **Dep.** ___

Log Book R _____

Extra Tickets R _____