



Racing Number
ZOC Membership No.

P.O. Box 21358, VALHALLA, 0137 - Telephone: 012 384 2299 - Fax: +27 (0) 12 374 5801  
 E-mail: [admin@zwartkops.co.za](mailto:admin@zwartkops.co.za) - EVENT PERMIT No.: XXXX

### OFFICIAL ENTRY FORM

I hereby apply to compete in the event to be held on **21<sup>st</sup> & 22<sup>nd</sup> May 2021** at Zwartkops Raceway.

Liqui Moly INEX Legends		Pre'80 HRSA Historic Saloons		Pre'74 International Sports Prototypes Incl. Trans Am Production Cars	
Lotus Challenge		Pre'80 Midvaal Historics/ Alfa		Pre'66/68 Le Mans Sports & GT	
Charlies Super Spar Pursuit Series		Clubmans Incl. Silver Cup Racing Series		Pre'66 Legends of the 9 Hour Production Cars incl. U2	
Monoposto		NSSC		Pre'66 Legends LITTLE Giants	

<b>CLASS</b>

#### ENTRANT / DRIVER / RIDER DETAILS

ENTRANT		ENTRANT LIC NO.	
SPONSOR			
DRIVER/ RIDER		COMP LIC NO.	<i>Please attach a copy of your MSA Licence</i>
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.	
	Name & Surname	ID Number	Attendance Register		
Crew Member 2			Y / N		
Crew Member 3			Y / N		
Crew Member 4			Y / N		

#### 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 MEMBERS: **R2100** (Incl. VAT and MSA levy) CLUB CHAMPIONSHIP **R1700** (Incl. VAT and MSA levy)) ZOC  
 MEMBERS: **R 100 discount** 2<sup>ND</sup> ENTRY – SAME CAR & SAME DRIVER: **R 850**  
 LATE ENTRY: **R 250** after Monday, 17<sup>th</sup> May 2021

<b>Account Holder: Legends of the 9 Hour - Bank &amp; Branch: ABSA - Branch Code: 630 642 Account Number: 405 885 4259</b>
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#### FOR OFFICIAL USE ONLY

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