



| |
|--------------------|
| 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 - EVENT PERMIT No.: 16368

OFFICIAL ENTRY FORM

I hereby apply to compete in the event to be held on **9th & 10th October 2020** at Zwartkops Raceway.

| | | | | | | |
|-----------------|--|------------------------|--|--|--|--------------|
| Lotus Challenge | | SKF LITTLE Giants | | Pursuit Series | | CLASS |
| ISP/ Trans-Am | | SKF U2 | | Historic Single Seaters/ Formula Ford Kent | | |
| Le Mans SP & GT | | HRSA Historic Saloons | | Historic Endurance | | |
| Legends V8's | | Midvaal Historics/Alfa | | | | |

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

CLUB CHAMPIONSHIP **R1600** (Incl. VAT and MSA levy) NATIONAL/REGIONAL CHALLENGE **R2000** (Incl. VAT and MSA levy)
 ZOC MEMBERS: **R 100 discount** 2ND ENTRY – SAME CAR & SAME DRIVER: **R 850**
 LATE ENTRY: **R 250** after 30th September 2020

Account Holder: Legends of the 9 Hour- Bank & Branch: ABSA - Branch Code: 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 _____ |