



OFFICIAL ENTRY FORM

Classic Motorcycle Racing Club

**P O Box 8830
Edenglen, 1610**

TEL : (011) 452-6608

Fax : (011) 452-6609

PHAKISA: 25th AUGUST 2007

Held under the General Competition Rules and Standing Supplementary Regulations of Motorsport-South Africa, and these Supplementary Regulations. **MSA Permit Number: 6962** **WEBSITE : www.mrcracing.co.za**

RACING NO:		SPONSOR / ENTRANT							
CATEGORY AND CLASS DETAILS Please mark appropriate block(s) with an X									
50 cc Highschool	125 Production Class	Superbikes	Powersport	600cc Silvercup Class	CLASSICS	150 Honda Cup	Derbi	BOTTS	Historics
Make / Model of Motorcycle									

Riders Full Name :		Licence No.	
Postal Address:		Telephone No:	
	Code:	Facsimile No:	
Work Telephone:		Facsimile:	
Home Telephone:		Cell:	
e-mail Address:			
Emergency Contact Person:		Emergency Telephone No:	
Name of Registered Club You Belong To :			

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

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.

Entrant: _____ (Print _____) Date: _____
(Signature)

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

Parent/Guardian: _____ (Print _____) Date: _____

(Signature: 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	
2nd Entry	
Transponder	