



OFFICIAL ENTRY FORM

MOTORCYCLE RACING CLUB

P O Box 8830
Edenglen, 1610

TEL : (011) 253-4160

Fax : 086 607 6840 Or 011 253-4099

PHAKISA : MONDAY 9th AUGUST

Held under the General Competition Rules and Standing Supplementary Regulations of Motorsport-South Africa, and these Supplementary Regulations. **MSA Permit Number: MSA 10993** WEBSITE : www.mrcracing.co.za

RACING NO:												
CATEGORY AND CLASS DETAILS Please mark appropriate block(s) with an X												
GP 125	Superbikes	600 Supersport	BOTTS	SV 650	BMW F 800	CLASSICS	150cc CUP	FORMULA EXTREME	Honda NSF100 Junior Trophy	BREAKFAST RUN	LADIES 600	KAWASAKI 250
Make / Model of Motorcycle												

Riders Full Name :		Licence No.	
Postal Address:		Telephone No:	
		Code :	
Date of Birth :			
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)

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	