



ZWARTKOPS RACEWAY

P.O. Box 21358, VALHALLA 0137
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 email: events@zwartkops.co.za

RACING NUMBER
ZOC MEMBERSHIP

ZWARTKOPS MOTORCYCLE RACE DAY

I hereby apply to compete in the event to be held on **19th JUNE 2010** at Zwartkops Raceway.

RACE ENTERED (Mark with X)	Kawasaki Ninja 250	Super-bikes	SV 650	Ladies Cup	GP 125	Classic Motorcycle	Breakfast Run	NSF 100	Super sports	Thunder bikes	CBR 150	Formula Extreme
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CLASS (Mark with X)	A	B	C	D	E	F		
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ENTRANT / DRIVER / RIDER DETAILS

SPONSOR			
ENTRANT		Ent. Lic. No.	
Postal Address		Tel. No. (w)	
	Code	Fax No.	
E-mail:		Cell:	
DRIVER / RIDER		Comp. Lic. No.	
Postal Address		Tel. No. (h)	
		Tel. No. (w)	
	Code	Fax No.	
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.	

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.

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

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)

FOR OFFICIAL USE ONLY

Date Rec. _____ **Entry Fee paid R** **Documentation** _____ **Tickets collected** _____

Racing Fuel R _____ **Chq** : **Cash** : **Dep.** _____ **Log Book R** _____ **Extra Tickets R** _____