



CAPE HELL DRIVERS

Killarney Racetrack Potsdam Way Milnerton

Contact person : Hilda Mostert Contact detail : 0722835399

Email : secretary@capehelldrivers.co.za



OFFICIAL ENTRY FORM : MSA Permit nr 15692

I hereby apply to compete in the event to be held on **12 January 2019** at KILLARNEY RACETRACK in Cape Town. All entries must be send to secretary@capehelldrivers.co.za.

ENTRIES CLOSE at 23H00 on Friday 11 January 2019

EVENT	CHD TAR Oval Nationals Round 1				
CLASS ENTERED	1660	<input type="text"/>	2.1	<input type="text"/>	Super Saloons
	Heavy Metals	<input type="text"/>	Stock Rods	<input type="text"/>	Midgets

Entrant/Driver details

SPONSOR	<input type="text"/>	Car race nr	<input type="text"/>
DRIVER	<input type="text"/>	MSA Comp Lic nr	<input type="text"/>
Postal Address	<input type="text"/>	ID number	<input type="text"/>
	<input type="text"/>	Date of Birth	<input type="text"/>
	Code	Tel no (H)	<input type="text"/>
E-mail	<input type="text"/>	Tel no (w)	<input type="text"/>
Domicile	<input type="text"/>	Cell	<input type="text"/>
Emergency contact person	<input type="text"/>	Emergency tel.	<input type="text"/>

Vehicle details

Make of vehicle	<input type="text"/>	Type/Model	<input type="text"/>	Year	<input type="text"/>
Engine Make	<input type="text"/>	Capacity	<input type="text"/>	No of Cyl	<input type="text"/>

Please note: The vehicle must adhere to the attached rules

DECLARATION/UNDERTAKING TO BE SIGNED BY EVENT ENTRANT/DRIVER

I have read and understood GCR's 93, 94, 113, 121 and 122 of the MSA Handbook and signify my agreement to these rules

Driver _____ **(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 abide by to ride in the above mentioned event

Entry fees for all catagories : R300 (including VAT, MSA levies)

Please send completed entry form to secretary@capehelldrivers.co.za.
Please use name, surname and class as reference when making payment.

Banking Details: Cape Hell Drivers ABSA 632005 Account Number 1017281271

Official use only			
Date received	<input type="text"/>	Entry fee paid R	<input type="text"/>
		Cash	EFT
Tickets collected	<input type="text"/>		