

KILLARNEY MOTOR RACING CIRCUIT – RACE ENTRY FORM

WESTERN PROVINCE MOTOR CLUB
 Killarney Motor Racing Circuit
 P.O. Box 220 TABLE VIEW 7439
 Tel: 021 557 1437 / 021 557 1639
 Fax: 021 557 6904
 e-mail: wpmc@wol.co.za



DATE OF RACE MEETING **5 APRIL 2008**

PRODUCTION CARS <input type="checkbox"/>	FORMULA VW <input type="checkbox"/>
SUPERBIKES <input type="checkbox"/>	WESBANK CARS <input type="checkbox"/>
SUPERSPORT <input type="checkbox"/>	

ENTRY FEE H/WITH
 R...850.00.....

 NO.....

 CLASS.....

COMPETITOR DETAILS WPMC Membership No.....

Entrant..... Comp Lic. No.....

Competitor..... Age..... Comp Lic. No.....

Tel home..... Office..... Fax.....

email address.....

Cell No.....

Address for Correspondence.....

.....

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Vehicle Make..... Type/Model..... Year.....

Engine Make..... Capacity cm³..... No. of Cyls.....

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's signature..... Print.....

Driver/Rider's signature..... Print.....

Parent/Guardian's signature..... Print.....

WITHDRAWAL OF ENTRY

I/We hereby wish to withdraw my/our entry from the race to which this entry form applies for the following reasons:

Entrant's signature..... Driver's signature.....

Date:.....