



REDSTARRACEWAY: 24th November 2018

OFFICIAL ENTRY FORM

Held under the General Competition Rules and Standing Supplementary Regulations of WOMZA - South Africa, and these Supplementary Regulations. **Permit No: 8055**

Bike No:

NSF100	150CC	250cc/ SSC	HMG	CSRA	RSR / Masters	Challenge Your Dreams / Masters
Rider's/ Driver's full name:		Womza License no.:				
Postal Address:		RSR Club Mem:				
ID No.:		Date of birth:				
E-mail Address:		Tel no.:				
Motorcycle Make		Model:				
Medical AID:		Medical AID No.:				
Emergency Contact:		Tel no.				

I understand that should I, at the time of an event in which I intend taking part, be suffering from any condition/disability (whether permanent or temporary) which is likely to prejudicially affect my control of my vehicle/machine, I may not take part in the event concerned unless expressly permitted to do so by Womza following aforementioned declaration of my condition / disability. I further understand that, notwithstanding the issue of a license to me by Womza it remains my responsibility not to participate in any event where a condition or disability suffered by me, may in any way affect my, or any other persons' safety.

I declare that, to the best of my belief, I or the rider(s) entered by me, possess the standard of competence necessary to take part in any event entered, and that any vehicle/machine entered will be suitable and race worthy/roadworthy, having regard to the speeds which will be reached.

I declare that any vehicle/machine entered by me, will comply with all the regulations and specifications pertaining to the event entered/category of motorsport concerned. I accept, subject to my rights of protests and appeal that action will be taken against me, as the entrant and/or rider/Driver, in accordance with the provisions of Womza's regulations, if my vehicle/Motorcycle machine is found not to comply with the relevant regulations and specifications.

Signature of Entrant: _____

Signature of Rider/Driver (if different from Entrant): _____

If rider is under 18 years of age:

Full name/s of guardian: _____

ID no _____ Signature: _____

Banking details:

Name: Phakisa MotoSchool, Standard Bank, Code: 00 11 55; Acc. No. 202 527 549

Entries and proof of payment to be e-mailed to: entry@redstarraceway.co.za