

OFFICIAL USE ONLY

Date Received: _____

Entry Fee Paid R_____

ENTRY FORM

KZN 4X4 OPEN CHALLENGE SERIES

FAX TO:	086 504 3966	E-MAIL TO:	procreationsa@gmail.com
ENTRIES CLOSE:	07/05/12	EVENT:	ROUND 3 Mountainview 12 May
BANK:	Standard bank	ACCOUNT NAME:	L.D.Baxendale
BRANCH CODE:	045 726	ACCOUNT NUMBER:	202 317 978

ENTRY FEE: R 150.00

PERMANENT No:

CLASS:

DRIVER:		RSA Licence No.:	
		Club:	
Postal Address:	Code:	Identity No.:	
Work Telephone:		Facsimile:	
Home Telephone:		Cell:	
e-mail Address:			
Blood Group:		Allergies:	
Emergency		Emergency	
CO-DRIVER:		RSA Licence No.:	
		Club:	
Postal Address:	Code:	Identity No.:	
Work Telephone:		Facsimile:	
Home Telephone:		Cell:	
e-mail Address:			
Blood Group:		Allergies:	
Emergency		Emergency	

VEHICLE DETAILS

Make:		Model:		Reg #:	
Capacity	cc	No. Cylinders:			

Indemnity

I, the undersigned, in my personal capacity freely accept and expressly assume all risk, danger and hazards that may arise from my participation in this event, which could result in personal injury, loss of life and damage or loss to property and I have read and understood the rules and regulations.

I acknowledge that I am aware of the risks involved. I voluntarily assume the risks in my taking part in the aforementioned event and waive all rights to legal action against the organisers.

IF UNDER 21 PARENT / LEGAL GUARDIAN:

DRIVER: _____
(Signature)

(Signature)

CO-DRIVER: _____
(Signature)

(Signature)