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 MSA No : (011) 466 2440

RACE TRACK:  
 EVENT:  
 DATE:  
 MSA PERMIT NO:

PHAKISA FREEWAY  
 SUPER SERIES ROUND 6  
 2/3 AUGUST 2013

OFFICIAL ENTRY FORM

Held under the General Competition Rules and Standing Regulations of Motorsport South Africa and these Supplementary Regulations plus any Additional Instructions which may be issued to the Competitors by the Organisers.

CATEGORY AND CLASS DETAILS  
 Please mark appropriate block(s) with an X

South Africa Single Seaters	Engen Volkswagen Cup	SA Motorcycle Championship		SA Sports and GT	Bridgestone Production Cars	BMW CCG Club Racing Series
		Supersport	Superbikes			

SPONSOR DETAILS

Sponsor:			
Racing No:		Class:	
Entrant's Name:		Licence No - Entrant:	
Postal Address:		Telephone No:	
		Telephone No: (Cell)	
		Facsimile No:	
Entrant's Email:		Entrant's Website:	

DRIVER / RIDER DETAILS

Driver / Rider's Full Name:		Licence No - Driver / Rider :	
Postal Address:		Telephone No:	
		Telephone No: (Cell)	
Physical Address:		Facsimile No:	
		Driver / Rider's Date of Birth:	
Driver / Rider's Email:		City/Town of Domicile:	
Emergency Contact Person :		Emergency Cell No:	

VEHICLE / BIKE DETAILS

Vehicle Type / model:		Vehicle / Bike Make:	
Engine Make:		Capacity cm3:	
Year :		No. cylinders:	

DECLARATION/UNDERTAKING TO BE SIGNED BY EVERY DRIVER/RIDER / ENTRANT. - I / We read and understood GCR's 91,93,94,113,121,122 and all SRs issued for this event and agree to abide by these Rules by signing this entry form.

The submission of this entry form serves as an agreement by the competitor that he/she is liable to the organisers in respect of all fees for the relevant categories as stated above.

Entrant: \_\_\_\_\_ (Print: \_\_\_\_\_) Date: \_\_\_\_\_  
 (Signature) (Full Name & Surname)

Driver / Rider: \_\_\_\_\_ (Print: \_\_\_\_\_) Date: \_\_\_\_\_  
 (Signature) (Full Name & Surname)

Parent/Guardian: \_\_\_\_\_ (Print: \_\_\_\_\_) Date: \_\_\_\_\_  
 (Signature) (Full Name & Surname)

I, being the lawful parent/guardian of the abovementioned competitor, do hereby grant permission for him/her to drive/ride in the abovementioned event.

**PLEASE ENSURE THAT A COPY OF THE DEPOSIT SLIP IS FAXED TO (057) 391 8010 AND THAT THIS SLIP CLEARLY REFLECTS THE COMPETITOR'S NAME, CATEGORY ENTERED AND RACING NUMBER TO ENSURE CORRECT PAYMENT ALLOCATION.**

**BANKING DETAILS:**

Bank: ABSA Branch: Bloemfontein Branch Code: 632005  
 Account Name: Free State Tourism Authority Account Number: 406 503 2187

FOR OFFICIAL USE ONLY

Date Rec:	Amount paid	Documentation	Tickets collected
Date Paid:	Chq Cash EFT	Racing Fuel R	Extra Tickets R