

KILLARNEY MOTOR RACING CIRCUIT ALL BIKE RACE DAY ENTRY FORM

WESTERN PROVINCE MOTOR CLUB
Killarney Motor Racing Circuit
P.O. Box 220 TABLE VIEW 7439
Tel: 021 557 1639
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DATE OF RACE MEETING **16TH December 2009**

ENTRY FEE

R.....

Paid:.....

- | | |
|---|---|
| <input type="checkbox"/> BREAKFAST RUN | <input type="checkbox"/> CLASSIC / VINTAGE & POWERSPORT |
| <input type="checkbox"/> BOTTS & 800 CUP | <input type="checkbox"/> 150 cc CHALLENGE |
| <input type="checkbox"/> 2 HOUR ENDURANCE | <input type="checkbox"/> ALL COMERS (400CC AND BIGGER) |

COMPETITOR DETAILS

Entrant..... Comp Licence No.....
 Competitor..... Age..... Comp Licence No.....
 Tel home..... Office..... Fax.....
 e-mail address..... Cell No.....
 Address for Correspondence.....

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.....