



# Cape Vintage Motorcycle Club

## SAVVA Motorcycle National 2017

(SAVVVA National Trophies will apply)

### Entry Form

TO BE HELD ON 13<sup>th</sup> & 14<sup>th</sup> NOVEMBER 2017 - PROMOTED BY CVMC  
 Closing Date 15<sup>th</sup> October 2017 SAVVA Permit No. **M13/2017**



**JURISDICTION:** Held under the International Sporting Codes of the Federation Internationale de l'Automobile (FIA) and/or the Federation Internationale Motorcycliste (FIM), the General Competition Rules (GCR's) of Motorsport S.A. (MSA), the Standing Supplementary Regulations (VSR's) of the Southern African Veteran and Vintage Association (SAVVA), as amended in January 2009, and the Supplementary Regulations (SR's) as published with this entry form.

PLEASE COMPLETE THIS FORM IN FULL AND DESPATCH TO US. **NB! YOUR ORIGINAL DRIVERS LICENCE, VEHICLE INSURANCE, INDEMNITY AND CLUB MEMBERSHIP CARDS WILL NEED TO BE PRODUCED AT DOCUMENTATION. PARTIALLY COMPLETED FORMS WILL NOT BE ACCEPTED.**

Driver / Rider	Full Names:		Club:	
TO BE COMPLETED	Address:	.....	Club Mem No.:	
		.....	Expiry Date:	
		.....	Indemnity No.:	
		..... Postal Code.....	I D Number:	
BY ALL	Tel (W)	(.....) .....	Signature:	
	Tel (H)	(.....) .....		
	Mobile:	.....	Email: .....	
	Fax:	(.....) .....		

Navigator	Full Names:		Club:	
	Address:	.....	Club Mem No.:	
		.....	Expiry Date:	
		.....	Indemnity No.:	
		..... Postal Code.....	I D Number:	
	Tel (W)	(.....) .....	Signature:	
	Tel (H)	(.....) .....		
	Mobile:	.....	Email: .....	
	Fax:	(.....) .....		

PASSENGERS			
A	Full Names:		Indemnity No.:
	Address:		
B	Full Names:		Indemnity No.:
	Address:		
C	Full Names:		Indemnity No.:
	Address:		

<b>If a competitor is under 21 years of age, this form must be countersigned by the appropriate parent or guardian.</b>	<b>I declare that I am unaware of any known medical reason affecting my ability to take part in this event and that the information given in this form is true and correct. I will abide by VSR's 11(a) and 21(d) and confirm that my vehicle is in a roadworthy condition.</b>
<b>Signature.....(Parent/Guardian)</b>	<b>Signature.....(Competitor)</b>

MOTORCYCLE	Make:	.....	Year:	
	Model:	.....	SAVVA Dating No.:	
	Capacity:	.....	Req. No.:	

SPEED GROUPS: A: 50 km/h      B: 60 km/h      C: 70 km/h      D: 80km/h      PLEASE CIRCLE CHOICE

**ENTRY FEES: Rider/ Driver: R550.00; Rider / Driver & Passenger/s: R150.00**

Please endorse cheques "Not Transferable" PAYABLE TO: FAIREST CAPE TOUR to reach us by 15<sup>th</sup> October 2017

Mail to: P.O. Box 109, Bergvliet 7129 or deposit directly to NEDBANK TYGER VALLEY account 1039031587, Branch code 103-910.

A copy of the deposit slip to be attached to this form. If paid by EFT please include your name as a reference.

Enquiries: Gavin Allison (Mobile: 082 3354005) or Eddie Kirkwood (Tel: 021 712 2934 Mobile: 082 568 4913) Fax: 086 719 1820

Name of Medical Aid supplier:	Medical Aid Number:
Name of Primary Member:	Next-of-kin:
Contact Telephone No.	