



MSA OFFICIAL ENTRY FORM

| | | | |
|---|---------------------------------|-------------------------|--|
| EVENT NAME | EVENT DATE | PERMIT NR | |
| REGIONAL EXTREME FESTIVAL | 13 AND 14 MAY 2022 | MSA16857 | |
| DRIVER | ID NUMBER | CELL PHONE | EMAIL |
| DEON DU PLESSIS | 5801305008084 | (082) 852-6214 | deon@bpt.co.za |
| ADDRESS | MEDICAL AID NAME | | |
| 1230 Crows Nest Street Krugersdorp South Africa | Discovery Classic Comprehensive | | |
| EMERGENCY CONTACT NAME | EMERGENCY PHONE NUMBER | NEXT OF KIN NAME | NEXT OF KIN PHONE NUMBER |
| Deon DU PLESSIS | (082) 852-6214 | Alta Du Plessis | (084) 901-1386 |

Categories and Classes

| | |
|------------------------|---------------------|
| RACE CATEGORY 1 | RACE CLASS 1 |
| NSCC | SR3 |

Vehicle Details:

Car 1 Details

| | |
|---------------|----------------|
| MAKE 1 | MODEL 1 |
| KTM | X-Bow RR |

Team Details:

| | | |
|------------------|--|---------------------|
| TEAM NAME | TEAM EMAIL | TEAM CELL NR |
| BPT | deon@bpt.co.za | 828526214 |

DECLARATION/UNDERTAING 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 the SR's of this event and signify my/our agreement to abide by these Rules by signing this entry form.

BY SELECTING "YES", I, THE DRIVER, ACKNOWLEDGES ELECTRONIC SIGNATURE OF THIS DOCUMENT.

Yes