



MSA OFFICIAL ENTRY FORM

EVENT NAME	EVENT DATE	PERMIT NR	
REGIONAL EXTREME FESTIVAL	13 AND 14 MAY 2022	MSA 16857	
DRIVER	ID NUMBER	CELL PHONE	EMAIL
Lenard Archer	6601155033086	(084) 625-6650	lenard.archer@gmail.com
ADDRESS	MEDICAL AID NAME		
180 Janhofmeyer rd Voorspoed Welkom South Africa	Best Med		
EMERGENCY CONTACT NAME	EMERGENCY PHONE NUMBER	NEXT OF KIN NAME	NEXT OF KIN PHONE NUMBER
Chantelle Vorster	(083) 651-2468	Chantelle Vorster	(083) 651-2468

Categories and Classes

RACE CATEGORY 1	RACE CLASS 1
CAR CARE CLINIC SUPERHATCH	A

Vehicle Details:

Car 1 Details

MAKE 1	MODEL 1
Hyundai	Getz

Sponsor Details:

SPONSOR FULL NAME	SPONSOR EMAIL	SPONSOR PHONE
ACD Welkom	lenard.archer@gmail.com	(084) 625-6650

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