



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
Seten Naidoo	8612115147088	(083) 798-2211	seten.naidoo@implats.co.za
ADDRESS	MEDICAL AID NAME		
3670 Timbervati Drive Waterfall Country South Africa	Private		
EMERGENCY CONTACT NAME	EMERGENCY PHONE NUMBER	NEXT OF KIN NAME	NEXT OF KIN PHONE NUMBER
Natasha Naidoo	(079) 833-4749	Natasha Naidoo	(079) 833-4749

Categories and Classes

RACE CATEGORY 1	RACE CLASS 1
CAR CARE CLINIC SUPERHATCH	A

Vehicle Details:

Car 1 Details

MAKE 1	MODEL 1
Honda	Civic

Team Details:

TEAM NAME
Trans Africa Racing

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