



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
NICK DEAN	6805095182325	(096) 686-6663	rndeanfarm@gmail.com
ADDRESS	MEDICAL AID NAME		
ELLENSDALE FARM, BOX 30164 LUSAKA Zambia	SPECIALITY EMERGENCY SERVICES		
EMERGENCY CONTACT NAME	EMERGENCY PHONE NUMBER	NEXT OF KIN NAME	NEXT OF KIN PHONE NUMBER
CLIVE WILMOT	(082) 440-2689	SARAH DEAN	(096) 686-6664

Categories and Classes

RACE CATEGORY 1	RACE CLASS 1
LOTUS CHALLENGE	B

Vehicle Details:

Car 1 Details

MAKE 1	MODEL 1
BIRKIN	LOTUS 7

Team Details:

TEAM NAME	TEAM EMAIL	TEAM CELL NR
RNDEANRACING	rndeanfarm@gmail.com	824402689

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