WESTERN PROVINCE MOTOR CLUB Killarney Motor Racing Circuit P.O. Box 220 TABLE VIEW 7439

**Short circuit secretary details:** 

Tel: 083 235 3476 Fax: 086 584 2597

E MAIL:

**ENTRY FEE DUE:** 

CASH /CHEQUE/

PAID:

janicelinaker@gmail.com

**BANKING DETAILS:** WPMC SHORT CIRCUIT

Bank: NEDBANK, TABLEVIEW

Code: 10 88 09

A/C: 20 88 07 87 11 - SAVINGS

NSF

REG/CLUB: R545

Family Entry – 3<sup>rd</sup>

2<sup>nd</sup> Class R275

: R395



DATE OF RACE MEETING:

**CLASS ENTERED** 

COMP TICKET:	

	Entry : R275 LATE R200.00	Bike /Kart /Car NO:	
COMPETITOR DETAIL	S		
Competitor		Age	Comp Licence No
Tel home	Office _		Fax
E-mail address			Cell No
ID No			_
Address for Correspond	dence:		
ENTRANT /SPONSOR		Lice	nce number:
Vehicle Make	Type.	/Model	Year
Engine Make	Сара	acity cm³	No. of Cyls
I/We have read and and signify my/ou	d understood GCR' r agreement to abid	s 93, 94, 113, 121 de by these Rules	RY ENTRANT/DRIVER/RIDER and 122 of the MSA Handbook by signing this entry form.
Parent/Guardian's sign	ature	Print_	
WITHDRAWAL OF ENINWe hereby wish to wit	hdraw my/our entry from		entry form applies for the following
reasons:			
reasons:			onsor signature