



THE 2019 FRAGRAM NATAL CLASSIC ENTRY FORM

PROMOTED BY THE CLASSIC MOTORCYCLE CLUB OF NATAL
17 AND 18 MAY 2019

CLOSING DATE FOR ENTRIES: 20 April 2019

Permit: S01/2019

JURISDICTION: Held under the International Sporting Codes of the Federation Internationale de l'Automobile (FIA) and/or the Federation Internationale Motorcyclist (FIM), the General Competition Rules (GCRs) of Motor Sport South Africa (MSA), the Standing Supplementary Regulations (VSRs) of the Southern African Veteran and Vintage Association (SAVVA), amended January 2009 and the Supplementary Regulations (SRs)

PLEASE COMPLETE THIS FORM IN FULL. PARTIALLY COMPLETED FORMS WILL NOT BE ACCEPTED

FRAGRAM NATAL CLASSIC RIDER	Full Names: _____		Club:	
	Address: _____		Comp. Lic. No.:	
			Indem. No.:	
			ID No.:	
			Medical Aid No.:	
			Medical Aid Co.:	
Tel (H): _____		Signature: _____		
Cell No.: _____		E-mail: _____		

FRAGRAM NATAL CLASSIC NAVIGATOR/ PASSENGER	Full Names: _____		Club:	
	Address: _____		Comp. Lic. No.:	
			Indem. No.:	
			ID No.:	
			Medical Aid No.:	
			Medical Aid Co.:	
Tel (H): _____		Signature: _____		
Cell No.: _____		E-mail: _____		

MOTORCYCLE	Make:	Year:	
	Model:	SAVVA Dating No.:	
	Engine capacity:	Reg. No.:	
	Fuel tank Capacity (Litres)	Range per tank (km)	

INSURANCE: See SR 25.7 and tick which applicable:-

Comprehensive Insurance	Third Party Cover	Event – Third Party Cover @ R50.00	If Insured, Name of the insurers:
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Should you require "Event – Third Party Cover" please add the required fee to your entry fee.

SPEED GROUP (MAX SPEED)	A	B	C	Touring		Solo	Pillion	Comb	First time Rider
	60	75	90						

IF A COMPETITOR OR NAVIGATOR IS UNDER 21 YEARS OF AGE, THIS FORM MUST BE COUNTERSIGNED BY THE APPROPRIATE PARENT OR GUARDIAN ALONGSIDE THE COMPETITORS NAME.

ENTRY FEE:	Entrant R420.00 plus R100.00 for passenger. Should you require " Balance of Third Party Insurance Cover " Please add R50.00 . (Sub total 2 on financial form) and deposit the amount due direct into the following account: STANDARD BANK Bluff Account No.: 051556294 BRANCH CODE: 051001. Completed form and fees to reach us on or before 20 April 2019
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ENQUIRIES: E-mail: salaub@telkomsa.net Cell: H 031 708 5934 or 083 922 0133	Aubrey Cilliers Do you need to hire a GPS Logger? Yes / No
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FINANCIAL/ACCOMMODATION FORM

Competitors Name: _____

Postal Address: _____ Code: _____

Phone: (H): _____ Cell: _____ E-mail: _____

Entry Fee: (Non-refundable) R420.00 R _____

(Non-refundable) R100, 00 (pillion/sidecar/3 wheeler passenger) R _____

Note: The above amounts cover organising expenses i.e. route survey, Telephone, postage, SAVVA Indemnity Insurance, badges etc. **Sub Total (1)** R _____

See SR 25.7 Balance of Third Party Cover @ R50.00 (Should you require) **Sub Total (2)** R _____

ACCOMMODATION: Drakensville Resort.
Thursday 16 May 2019 from 14:00 to 10:00 on Sunday 19 May 2019

TYPE OF ACCOMMODATION	COST PER 3 NIGHTS		
6 Sleeper Units	R650.00	per person	R _____
4 Sleeper Units	R730.00	per person	R _____
2 Sleeper Flat (Luxury)	R2 520.00	per Unit	R _____
Sub-Total (3)			R _____

Please note: Accommodation available on a first come, first served basis.

Mark the boxes applicable with an X		Rider / Pillion / Non-Competitors			
Supper Thursday	R200.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R _____
Breakfast Friday	R120.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R _____
Supper Friday	R200.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R _____
Breakfast Saturday	R120.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R _____
Lunch and Brunch en route	R200.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R _____
Prize-Giving Dinner Saturday	R220.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R _____
Sub Total (4)					R _____

Sub-total (1) R _____ **plus (2)** R _____ **plus (3)** R _____ **plus (4)** R _____

= TOTAL AMOUNT PAYABLE: R _____

CANCELLATION: 50% cancellation fee will be considered 30 days prior to the event.

Note: Please make payment **ONLY** by Electronic Fund Transfer to The Classic Motorcycle Club of Natal.
 Standard Bank Bluff Acc. # 05-155-629-4, Branch Code: 051001

In order to facilitate the allocation of accommodation, please assist us by stating with whom you would prefer to share.



MARSHAL AND VEHICLE TENDER FORM

The organisers will appreciate it if any of your support team would offer their services as drivers of official tender vehicles with bike trailers. The organisers will contact them before 6 May 2019 to confirm the use of their offered services.

Thank you.
Aubrey Cilliers
H 031 708 5934 or 083 922 0133

e/mail: salaub@telkomsa.net

NAME OF RIDER: _____

TENDER VEHICLES WITH BIKE TRAILER

Name (Mr/Mrs)	Size of trailer 1, 2, 3 bike	Tel (Home)	Tel (Work)	Cell

Note: Official tender vehicle drivers must agree to operate as per Supplementary Regulation (SR) 25.8



DECLARATION BY RIDER/OFFICIAL/PASSENGER

NAME: _____

I (name of Rider/Official/Passenger, _____ on behalf of) all persons who will travel in or upon the vehicle in this event, undertake to ensure that valid indemnity forms have been completed that indemnify Motor Sport South Africa, The Southern African Veteran and Vintage Association (SAVVA) and their affiliated clubs, SAVVA Motor Sport all hereinafter referred to as the Regularity Bodies and any Official, Representative, Promoter, Organiser, Sponsor, Guarantor organising this event, the owner/owners of any property on or upon which the event is held and any Government, Provincial, Regional Services Board or Municipal Body and their representative agents, against any Legal Liability for any damage or injury that may arise during participation in the event, organised by the Regularity Bodies and persons described herein.

I participate willingly in this event and acknowledge that, should there be any mishap or occurrence-giving rise to damage or injury, I take full responsibly. I further declare that, I and the persons travelling with me have been made aware of risks, dangers and perils attendant upon motor sport activities.

I further declare that the vehicle entered, is in a roadworthy condition within the limitations of the year of manufacture and is licenced for use on a public road.

I further declare that I am not aware of any known medical reason affecting my ability to take part in this event and that the information given in the documentation forms is true and correct.

Signature: _____ Date: _____

MEDICAL AID INFORMATION

NAME: _____

COMPETITION NUMBER: _____

In case of emergency, the following information may be required.

Please indicate if **not** a member of a Medical Aid.

Name of Medical Aid:	
Medical Aid Number:	
Primary Member:	
Emergency contact number and name:	