



# FRAGRAM<sup>®</sup>

## THE 2020 FRAGRAM NATAL CLASSIC ENTRY FORM

PROMOTED BY THE CLASSIC MOTORCYCLE CLUB OF NATAL  
15 AND 16 MAY 2020

**CLOSING DATE FOR ENTRIES: 30 April 2020**

Permit: S16/2019

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**

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

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

<b>MOTORCYCLE</b>	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:-**

<b>Comprehensive Insurance</b>	<b>Third Party Cover</b>	<b>Event – Third Party Cover @ R50.00</b>	<b>If Insured, Name of the insurers:</b>
--------------------------------	--------------------------	---	--

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.**

<b>ENTRY FEE:</b>	Entrant <b>R500.00</b> plus <b>R150.00</b> for passenger. Should you require " <b>Balance of Third Party Insurance Cover</b> " Please add <b>R50.00</b> . (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 <b>30 April 2020</b>
-------------------	---

<b>ENQUIRIES:</b> E-mail: _____ Cell: _____	Ron Dukes dukesrge@gmail.com 082 465 5839	Do you need to hire a GPS Logger? Yes / No
---	---	--



# FRAGRAM<sup>®</sup>

## FINANCIAL/ACCOMMODATION FORM

Competitors Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Entry Fee: (Non-refundable) R500.00 R \_\_\_\_\_

(Non-refundable) R150, 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 14 May 2020 from 14:00 to 10:00 on Sunday 17 May 2020

TYPE OF ACCOMMODATION	COST PER 3 NIGHTS		
6 Sleeper Units	R790.00	per person	R _____
4 Sleeper Units	R896.00	per person	R _____
2 Sleeper Flat (Luxury)	R2 464.00	per Unit	R _____
			<b>Sub-Total (3) R _____</b>

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

Mark the boxes applicable with an X		Rider / Pillion / Non-Competitors			
Supper Thursday	R202.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Breakfast Friday	R129.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Lunch Friday	R120.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Supper Friday	R202.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Breakfast Saturday	R129.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Lunch Saturday	R110.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Prize-Giving Dinner Saturday	R202.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
					<b>Sub Total (4) R _____</b>

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

Email = dukesrge@gmail.com

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 2020 to confirm the use of their offered services.

Thank you.  
Ron Dukes  
082 465 5839

e/mail: dukesrge@gmail.com

**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**



# FRAGRAM<sup>®</sup>

## 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.

<b>Name of Medical Aid:</b>	
<b>Medical Aid Number:</b>	
<b>Primary Member:</b>	
<b>Emergency contact number and name:</b>	