


AFRICA-OFFROAD RACING ENTRY FORM BIKES & QUADS

CLASS		RACE NUMBER		Womza Permit no
EVENT		DATE		
ENTRY FEE		PAYMENT RECEIVED	NO YES	
CHAMPIONSHIP	CLUB, REG, NAT			
OFFICIAL SIGNATURE				

RIDER LICENSE DETAILS

NAME		WOMZA LIC NO
	Licence Status	CLUB :
Address		
Tel (W)		Tel (H)
Fax		e-mail
Date of birth		ID No

MEDICAL AID/INSURANCE DETAILS FOR HOSPITAL ADMISSION PURPOSES

I hereby agree to be attended to by doctor/paramedics if I am injured and wish to be transported to the type of hospital indicated			PRIVATE/STATE
MEDICAL AID SCHEME NAME		TYPE OF SCHEME	
MEMBERSHIP NUMBER		PRINCIPAL MEMBER	
PERSONAL (HOME) DOCTOR		CONTACT NUMBER	
MEDICAL CONDITIONS		BLOOD GROUP / ALLERGIES	
HAVE YOU SUSTAINED RECENT INJURY/ILLNESS	YES NO	IF YES, HAVE YOU BEEN CLEARED AS MEDICALLY FIT	YES NO
EMERGENCY PERSONS NAME & CONTACT NR		RELATIONSHIP (i.e. Wife, etc.)	

BIKE OR QUAD DETAILS

Make		Year Model		Engine make	
Engine Capacity		No cylinders		Reg #	

CLASS DETAILS

MOTORCYCLES

OR 3 200cc	OR 2 250cc	OR 1 Open	SENIOR	LADIES	MASTERS
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QUADS

Q1 16-27	Q2 28-34	SENIOR	LADIES	MASTERS
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KIDDIES & JUNIOR BIKES

BIKES KIDDIES 6 – 10 Years	BIKES JUNIOR 10-14 Years	BIKES JUNIOR SENIOR 14-17
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KIDDIES & JUNIOR QUADS

QUADS KIDDIES 6-10 Years	QUADS JUNIOR 10-14 Years	QUADS JUNIOR/SENIOR 14-17 Years
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SIGNATURE RIDER _____

SIGNATURE PARENT IF UNDER 21 _____