

AFRICA-OFFROAD RACING ENTRY FORM CARS

CLASS		RACE NUMBER		Womza Permit no
EVENT		DATE		
ENTRY FEE		PAYMENT RECEIVED	NO YES	
CHAMPIONSHIP	CLUB	REGIONAL	NATIONAL	
OFFICIAL SIGNATURE				



DRIVER LICENSE DETAILS

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

MEDICAL AID/INSURANCE DETAILS FOR HOSPITAL ADMISSION PURPOSES DRIVER

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.)	

NAVIGATOR LICENSE DETAILS

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

MEDICAL AID/INSURANCE DETAILS FOR HOSPITAL ADMISSION PURPOSES NAVIGATOR

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.)	

VEHICLE DETAILS

Vehicle Make		Year Model		Engine make	
Engine Capacity		No cylinders		Reg #	

CLASS DETAILS

SPECIAL VEHICLES	A	P	B	C	
PRODUCTION VEHICLES	SP	D	E	F	G Sxside

RIDER/DRIVER _____ NAVIGATOR _____