

Personal information



We appreciate your participation in our industry. Please complete the Below along with the indemnity form to be registered successfully.

Name					Age	
Surname						
Email						
Phone						
Question 1.	Please s	specify E	ingine 4cy	/l, 5c	yl, 6 cyl	/other
Question 2. Pleasr specify Drivetrain Fwd, Rwd or Awd						
Question 3	. What c	ar/bike	will you b	e rac	ing?	
Question 4 mile? If you						ne 1/4
N.B!!!! Please r Secure your ra indemnity form 073 737 2799. driver profile. Payment of R8 driver and one	cing spot by n and return . Please also 00 race ent pitcrew. En	y completing to karin.ugo include a s ry will be ro atry cut off i	g this entry for mar187@gmo side shot phot equired prior s 12 Novembo	orm alcail.com to of yo to eve er 202	ong with the or via whe our ride for our ride end. Race ends.	ne atsapp on r your ntry covers
Safety is priori pants, closed sl			_		•	

BANKING DETAILS

pants, jackets, closed shoes, helmets and gloves

Account Holder: Karin Umar Bank Name: TymeBank Branch Code: 678910

Account Number: 51012291847

Please use your Name & Surname as reference for POP