

2010 APPLICATION FORM - CIRCUIT MOTORCYCLE

I hereby apply to compete in the class
2010 season

FIRST
NAME:

SURNAME:

REGION

CELL NO:

TEL NO:

FAX NO:

EMAIL ADDRESS:

CLUB NAME

MEMBERSHIP NO:

MSA LICENCE

2009 RACE NUMBER	<i>REGION NR / WC / KZN / EP / BOR</i>	CLUB	
2009 RACE NUMBER	NATIONAL	REGIONAL	

RACE NO.
REQUESTED -

NATIONAL 2010
2ND RACE NO.
OPTION

RACE NO.
REQUESTED -

REGIONAL 2010
2ND RACE NO.
OPTION

RACE NO.
REQUESTED -

CLUB 2010
2ND RACE NO.
OPTION

This form is to be completed and sent to:

MARIA BUYS

email: circuit@motorsportsa.co.za

fax: 086 610 4616