

P.E. OVAL TRACK RACEWAY

Application Form



Please complete and submit via:
Mail to peovaltrack@gmail.com
or Whatsapp to 0620928768



SOCIAL MEMBER FUTURE DRIVER DRIVER CLASS _____

Surname: _____ Full Names: _____

Address: _____

TELEPHONE NO: HOME (____) _____ WORK (____) _____ CELL _____

MALE FEMALE

IDENTIFICATION NO: _____

Email Address: _____

CURRENT MOTOR SPORT LICENCEHOLDER

Have you been a member of an Oval Track Racing Club? YES NO

If Yes state name of Club: _____ Contact Person: _____

Will you be a dual member of both clubs? YES NO

Will PEOTR be your Mother Club? YES NO

IF No, please state mother club : _____

Contact person (state status) _____ Tel no: _____

Have you any MOTORSPORT or CLUB case/cases pending against you? YES NO

If yes please state reasons: _____

Who introduced you to the club?: _____

In terms of the Popia Act, I hereby grant MOTORSPORT SOUTH AFRICA and PE Oval Track Raceway permission, to access my Licence profile, to change my password or any other assistance. I furthermore indemnify MOTORSPORT SOUTH AFRICA and PE Oval Track Raceway, should my profile and/or personal details be breached/leaked. I also grant PE Oval Track Raceway permission to add me to the race group

SIGNATURE: _____ PARENT/GUARDIAN: _____

DATE: _____

Car Number: _____

APPLICANTS UNDER 18 YEARS PARENTS/GUARDIAN TO SIGN CLUB MEMBERSHIP APPLICATION

P.E. OVAL TRACK COMMITTEE RESERVES THE RIGHT TO ACCEPT OR REJECT THIS APPLICATION