



2024 POMC Summer Rally Pre-Event Scrutiny: VSR 15

Being held on Saturday 09 November 2024
Promoted by the POMC

Competitor No:

Name of Competitor:

ID Number:

Valid Club Membership

Indemnity No - Driver/Rider

Indemnity No - Navigator/
Passenger

Vehicle:

Registration No:

Make:

Model:

Year of Manufac:

SAVVA Dating No:

Licence Disc:

Vin No:

Expiry Date

On Token:

On Vehicle:

Drivers Licence

Code

Endorsements

Lights:

Head:

Tail:

Stop:

Hooter:

Brakes:

Functional:

Non-functional

Tyres:

Front:

Rear:

Indicators:

Left – F & R:

Right – F & R:

Appearance / Condition: VSRs 13(b) (vi)

Instruments suitably sealed (where necessary)

Motor Vehicles Only:

Fire Extinguisher:

Safety triangle & light on rear (non flashing) Pre '46

Motorcycles Only:

Levers Secure:

Mirrors x 2

Reflective Bib:

Non Flashing Cycle Lights – Front & Rear (Pre 1946)

Competitor's signature: Confirming roadworthiness & Correct valid licensing VSRs 11(a)

Passed by Scrutineer:

Declined by Scrutineer:

Scrutineer's signature:

Date:

This Pre-Event Scrutiny form must be completed by the Competitor and presented to the pre-start scrutineer for final checking and signature.

The time available for documentation and scrutiny may be limited and your diligent attention to your vehicle's roadworthiness will avoid delays.

Clerk of the Course: _____



Declaration by Driver/Rider

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I (name of Driver) on behalf of all the persons who will travel in or upon the vehicle in this event, undertake to ensure that valid indemnity forms have been completed that indemnify Motorsport South Africa, The Automobile Association of South Africa, The Southern African Veteran and Vintage Association (SAVVA) and their affiliated clubs, SAVVA Motorsport, all hereinafter referred to as the Regulatory Bodies and any Official, Representative, Promoter, Organiser, Sponsor, Tender, Guarantor organising this event, the owner/owners of any property on or upon which the event is held and any Government, Provincial, Regional Services Board or Municipal Body and their Representative agents, against any Legal Liability for any damage or injury that may arise during participation in the event, organised by the Regulatory Bodies and persons described herein.

I participate willingly in this event and that should there be any mishap or occurrence giving rise to damage or injury, I take full responsibility. I further declare that I and persons travelling with me, have been made aware of risks, dangers and perils attendant upon motor sport activities.

I further declare that the vehicle entered, which I will be driving / riding on this event, is in a roadworthy condition within the limitations of the year of manufacture and is licensed for use on a public road.

I further declare that I am not aware of any known medical reason affecting my ability to take part in this event and that the information supplied in the documentation submitted is true and correct.

Signature of Driver:

Date:

MEDICAL AID INFORMATION (Driver / Rider / Navigator / Passenger)

Name:

Comp. No.:

In the event of an emergency, the following information may be required.
(Please indicate if NOT a member of a medical aid)

Driver / Rider

Name of Medical Aid:	
Medical Aid membership No.:	
Primary member:	
Emergency Contact no. & Name:	

Navigator

Name of Medical Aid:	
Medical Aid membership No.:	
Primary member:	
Emergency Contact no. & Name:	

Passenger

Name of Medical Aid:	
Medical Aid membership No.:	
Primary member:	
Emergency Contact no. & Name:	



ENTRY FORM
2024 POMC Summer Rally
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Held under the International Sporting Code of the Fédération Internationale de Motocyclisme (FIM) and the international Sporting Codes of the Fédération Internationale de L'Automobile (FIA), the General Competition Rules (GCRs) of Motorsport South Africa (MSA), the Standing Supplementary Regulations (VSRs) of the Southern African Veteran and Vintage Association (SAVVA) as amended in January 2009 and the Supplementary Regulations (SR's) as published with this Entry Form.

PLEASE COMPLETE THIS FORM IN FULL. PARTIALLY COMPLETED FORMS WILL NOT BE ACCEPTED

ENTRANT TO BE COMPLETED BY ALL	Full Names		Club	
	Address		Club membership no	
			Indem. No	
			I.D. Number	
			Date	
	Tel (W)		Cell	Signature
Tel (H)		Fax:	e-mail:	

RIDER/ DRIVER TO BE COMPLETED BY ALL	Full Names		Club	
	Address		Club membership no	
			Indem. No	
	Tel (W)		Cell:	I.D. Number
	Tel (H)		Fax:	e-mail:

NAVIGATOR / PASSENGER TO BE COMPLETED BY ALL	Full Names		Club	
	Address		Club membership no	
			Indem. No	
	Tel (W)		Cell:	I.D. Number
	Tel (H)		Fax:	e-mail:

PASSENGER TO BE COMPLETED BY ALL	Full Names		Club	
	Address		Club membership no	
			Indem. No	
	Tel (W)		Cell:	I.D. Number
	Tel (H)		Fax:	e-mail:

If a competitor is under 21 years of age this form must be counter-signed by the appropriate parent or guardian.	I hereby declare that I am not aware of any known medical reason affecting my ability to take part in this event and that the information given in this form is true and correct. SIGNATURE
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Motorcycle / Motor Car	Make:	Year	
	Model:	SAVVA Dating No.	
	Engine Capacity:	Reg. No.	

Speed Group (MAX SPEED)	65	75	90	Score Group	A	B	C	TYPE	Solo	Pillion	Comb	3 Whl	Car

Completed entry form and fee to reach us on or before 05 November 2024		Address:
ENQUIRIES : Sakkie Fischer CELL: 082 551 5305		fischer@vodamail.co.za sakkiefischer@icloud.com