ANNEXURE C

THIS APPLICATION AND ALL SUPPORTING DOCUMENTATION SHOULD BE POSTED TO BE RECEIVED BY THE SAVVA MOTORSPORT PORTFOLIO HOLDER AT LEAST SIX WEEKS BEFORE THE CLOSING DATE FOR ENTRIES

OR EIGHT WEEKS BEFORE THE DATE OF THE EVENT, WHICHEVER IS THE EARLIER (AS SPECIFIED IN SECTION 15 OF THE SAVVA COUNCILLOR'S HANDBOOK).

SOUTHERN AFRICAN VETERAN and VINTAGE ASSOCIATION
VETERAAN MOTORVERENIGING vir SUIDER AFRIKA

APPLICATION FOR AN ORGANISING PERMIT

SUPPLEMENTARY QUESTIONNAIRE

SAVVA STEWARD, CLERK OF THE COURSE & SCORERS

NAME OF EVENT : ……

	SAVVA STEWARD	SCORER	CLERK OF THE COURSE
NAME :	……	……	……
SAVVA INDEMNITY No.:	…. ……	… ……..	……
NAME OF CLUB	……	……	……..
CLUB MEMBER NO.	……	……	……..
CELLULAR NO.	……	……	.. ……
LENGTH OF MEMBERSHIP OF A SAVVA CLUB :	……Years	……Years	Years
HAVE YOU SERVED IN THIS CAPACITY IN THE PAST ?			
(Delete as necessary)	***YES* / NO**	**YES / NO**	**YES / NO**

DO YOU HAVE ACCESS TO THE BOOKLET "**GENERAL COMPETITION RULES**" (GCRs) ISSUED BY MOTORSPORT SOUTH AFRICA?

(Delete as necessary)	***YES* / NO**	**YES / NO**	**YES / NO**

DO YOU HAVE A PERSONAL COPY OF THE SAVVA "**STANDING SUPPLEMENTARY REGULATIONS**" (VSRs) REVISED IN JANUARY 2009?

(Delete as necessary)	***YES* / NO**	**YES / NO**	**YES / NO**

HAVE YOU READ SECTION 6 OF THE "**SAVVA COUNCILLORS HANDBOOK**" AND THE ADVISORY CONTAINED ON PAGES 6/3 AND 6/4?

(Delete as necessary)	***YES* / NO**	**YES / NO**	**YES / NO**

DETAILS OF SCORING SYSTEM: **……...**

I have read the draft copies of the SUPPLEMENTARY REGULATIONS (SRs)and the ENTRY FORM and believe they conform to the requirements of the GCRs and VSRs referred to above. I am prepared to act in the capacity designated and understand and accept the responsibilities of the position.

SIGNATURE :	……	……	……
DATE :	……	……..	……

JULY 2023