



FRAGRAM[®]

THE 2026 FRAGRAM NATAL CLASSIC RALLY ENTRY FORM

PROMOTED BY THE CLASSIC MOTORCYCLE CLUB OF NATAL
5th and 6th of June, 2026

CLOSING DATE FOR ENTRIES: 22th May 2026

Permit:
P26/001

JURISDICTION: Held under the International Sporting Codes of the Federation Internationale de l'Automobile (FIA) and/or the Federation Internationale Motorcyclist (FIM), the General Competition Rules (GCRs) of Motor Sport South Africa (MSA), the Standing Supplementary Regulations (VSRs) of the Southern African Veteran and Vintage Association (SAVVA), amended January 2009 and the Supplementary Regulations (SRs)

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

FRAGRAM NATAL CLASSIC RIDER/ DRIVER	Full Names: _____		Club:	
	Address: _____		Comp. Lic. No.:	
			Indem. No.:	
			ID No.:	
			Medical Aid No.:	
			Medical Aid Co.:	
Tel (H): _____		Signature: _____		
Cell No.: _____		E-mail: _____		

FRAGRAM NATAL CLASSIC NAVIGATOR/ PASSENGER	Full Names: _____		Club:	
	Address: _____		Comp. Lic. No.:	
			Indem. No.:	
			ID No.:	
			Medical Aid No.:	
			Medical Aid Co.:	
Tel (H): _____		Signature: _____		
Cell No.: _____		E-mail: _____		

VEHICLE	Make:	Year:	
	Model:	SAVVA Dating No.:	
	Engine capacity:	Reg. No.:	
	Fuel tank Capacity (Litres)	Range per tank (km)	

INSURANCE: See SR 25.7 and tick which applicable:-

Comprehensive Insurance	<input type="checkbox"/> Third Party Cover	<input type="checkbox"/> Event – Third Party Cover @ R60.00	If Insured, Name of the insurers:
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Should you require "Event – Third Party Cover" please add the required fee to your entry fee.

SPEED GROUP (MAX SPEED)					Car	Solo	Pillion	Comb	First time
	A	B	C	Touring	Entrant				
	60	75	90	90					

IF A COMPETITOR OR NAVIGATOR IS UNDER 21 YEARS OF AGE, THIS FORM MUST BE COUNTERSIGNED BY THE APPROPRIATE PARENT OR GUARDIAN ALONGSIDE THE COMPETITORS NAME.

ENTRY FEE:	Entrant R750.00 plus R250.00 for 1 passenger / navigator. Should you require " Balance of Third Party Insurance Cover " Please add R60.00 . (Sub total 2 on financial form) and deposit the amount due direct into the following account: STANDARD BANK Bluff Account No.: 051556294 BRANCH CODE: 051001. Completed form and fees to reach us on or before 22 May 2026
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ENQUIRIES:	Cobus Grobbelaar E-mail: cobus.grobbelaar@telkomsa.net Cell: 082 553 6137	Do you need to hire a GPS Logger? Yes / No A non-refundable payment of R100.00 is required
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FINANCIAL / ACCOMMODATION FORM

Competitors Name: _____

Postal Address: _____ Code: _____

Phone: (H): _____ Cell: _____ E-mail: _____

Entry Fee: (Non-refundable) R750.00 R _____
 (Non-refundable) R250.00 (Car / Pillion / Sidecar / 3 wheeler
 passenger) R _____
 Hire of LOGGER @ R 100.00

Note: The above amounts cover organising expenses i.e. route survey,
 Telephone, postage, SAVVA Indemnity Insurance, badges etc. **Sub Total (1) R _____**

See SR 25.7 Balance of Third Party Cover @ R60.00 (Should you require) Sub Total (2) R _____

ACCOMMODATION: Nottingham Road Hotel

Thursday 4th June 2026 from 14:00 to 10:00 on Sunday 7th June 2026

TYPE OF ACCOMMODATION	COST PER 3 NIGHTS		
2 People Sharing	R 4800.00	per room	R _____
1 Person Solo	R 3450.00	per room	R _____

Sub-Total (3) R _____

Please note: Accommodation available on a first come, first served basis. **ALL accommodation at Nottingham Road Hotel is Bed and Breakfast.**

Other accommodation is available in the area, this must be booked directly. Please call Notties Breakaway - 0767933938.

Free Pizza's on Friday Evening for all competitors.

Mark the boxes applicable with an X

Rider / Passenger(s) / Non-Competitors

Lunch Day 1	R 150.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Lunch Day 2	R 150.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Prize-Giving Dinner Saturday	R 325.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R

Sub Total (4) R _____

Sub-total (1) R _____ plus (2) R _____ plus (3) R _____ plus (4) R _____

CANCELLATION: 50% cancellation fee will be considered 30 days prior to the event.

Note: Please make payment **ONLY** by Electronic Fund Transfer to The Classic Motorcycle Club of Natal. Standard Bank Bluff Acc. # 05-155-629-4, Branch Code: 051001. **Please use your name as Reference.**

Please send completed entry forms and proof of payment to:

Doug Watson
 083 519 5326

email: dugwatson@gmail.com

and

Lyn Smith
 081 470 4990

email: lynsmith741@mail.com



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FINANCIAL / ACCOMMODATION FORM CONTINUED

NAME OF COMPETITOR: _____

In order to facilitate the allocation of accommodation at Notties Hotel, please assist us by stating with whom you would prefer to share.

If you wish to share, all Rooms at Nottingham Road Hotel can have 2 x Single beds in each room.

Please indicate here if you require 2 x single beds. _____

If not indicated, the room will have a double bed.

Any Special Dietary Requirements: _____

(Please be as specific as possible)



MARSHAL AND VEHICLE TENDER FORM

The organisers will appreciate it if any of your support team would offer their services as drivers of official tender vehicles with bike trailers. The organisers will contact them before 22nd of May 2026 to confirm the use of their offered services.

NAME OF RIDER / DRIVER: _____

TENDER VEHICLES WITH BIKE TRAILER

Name (Mr/Mrs)	Size of trailer 1, 2, 3 bike	Tel (Home)	Tel (Work)	Cell

Note: Official tender vehicle drivers must agree to operate as per Supplementary Regulation (SR) 25.8



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DECLARATION BY RIDER / DRIVER / OFFICIAL / PASSENGER

NAME: _____

I (name of Rider/ Driver/Official/Passenger, _____ on behalf of) all persons who will travel in or upon the vehicle in this event, undertake to ensure that valid indemnity forms have been completed that indemnify Motor Sport South Africa, The Southern African Veteran and Vintage Association (SAVVA) and their affiliated clubs, SAVVA Motor Sport all hereinafter referred to as the Regularity Bodies and any Official, Representative, Promoter, Organiser, Sponsor, 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 Regularity Bodies and persons described herein.

I participate willingly in this event and acknowledge that, should there be any mishap or occurrence-giving rise to damage or injury, I take full responsibility. I further declare that, I and the 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, is in a roadworthy condition within the limitations of the year of manufacture and is licenced 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 given in the documentation forms is true and correct.

Signature: _____ Date: _____

MEDICAL AID INFORMATION

NAME: _____

COMPETITION NUMBER: _____

In case of emergency, the following information may be required.

Please indicate if **not** a member of a Medical Aid.

Name of Medical Aid:	
Medical Aid Number:	
Primary Member:	
Emergency contact number and name:	