



WESTERN PROVINCE MOTOR CLUB

Tel: 021 5571639
 Fax: 021 5576904
 Email: info@wpmc.co.za
 Website: www.wpmc.co.za

VAT Reg. No. 4430103772

P.O. Box 220, Table View, 7439
 6 Potsdam Road, Killarney Gardens
 Cape Town

TESTING AS PERMITTED IN TERMS OF THE AUTOMOTIVE EMERGENCY REGULATIONS

CUSTOMER DETAILS			
Name:		Corporation:	
Address:		VAT # if Inv. Req.:	
E-mail:		Contact no:	

BOOKING DETAILS: INDIVIDUAL CIRCUIT HIRE BOOKING					
Member		Non-Member		Membership No.	
How long do you want to book the circuit:			Which option do you wish to book:		
Number of Hours:		Solo		Multi-User	
Required date:		Required time:	From:	Until:	
I have read and acknowledged the terms & conditions of private track rental for the WPMC					Yes / No

QUOTATION BASED ON ABOVE REQUEST (FOR OFFICE USE ONLY)		
Circuit Hire:	R	<i>Bookings will only be accepted once the deposit has been paid and proof of payment has been sent to the office (rhonette@wpmc.co.za)</i> <i>Refer to Track rental terms & conditions and Covid19 Protocol for more information.</i> Banking Details: Western Province Motor club Nedbank (Southern Peninsula) Account No. 1232041807
Other:	R	
Other:	R	
Other:	R	
Other:	R	
Other:	R	
Total Costs:	R VAT Incl.	

FOR OUR OWN ADMINISTRATION	
Booking confirmed:	Date:
Date Payment received:	Amount:

I hereby confirm that circuit time booked is solely for testing in terms of the Regulation Gazette 11111 and Protocol

Signed at : _____ on the : _____ 2021 Signature : _____



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Date of event:	
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Time:	Start: _____	End: _____
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No of Vehicles:	
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No of Crew:	(Max 3)	Please provide names below
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Part of the circuit required:	<input type="checkbox"/>	Full Circuit	<input type="checkbox"/>	Half Main	<input type="checkbox"/>	Drag Strip	<input type="checkbox"/>	Oval	<input type="checkbox"/>	Main & Back Straight	<input type="checkbox"/>
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Full detailed description of circuit booking:	
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Additional Driver 1 (Individual Hire)

Additional Driver 2 (Individual Hire)

Crew Member Name:	Designation/purpose:	Contact #
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Crew Member Name:	Designation/purpose:	Contact #
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Crew Member Name:	Designation/purpose:	Contact #
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I, the undersigned hereby declare that not I nor my crew/drivers, as detailed above, have in the last 14 days travelled outside of the province, had any contact with

a person who has been infected with Covid19 or showed signs of infection and have not experienced symptoms such as fever, coughing, sore throat, body

pain, headaches or shortness of breath.

I further undertake to contact the WPMC Covid19 Safety Officer, Rhonette Rossouw on 021 557 1639, should I or any of my crew start to show any of the

mentioned symptoms in the next 14 days.

All information provided is true and stated in good faith and I hereby also indemnify the WPMC against any non-compliance with the Regulations and

incorrect information

Signature: _____ Date: _____