IBASA

INFLATABLE BOAT ASSOCIATION SOUTH AFRICA

RACING LICENCE APPLICATION FORM: DRIVER

DRIVER's: SURNAME ----------
(Block letters)

ID NUMBER ----------

HOME TEL NO ---------- WORK NO ----------

POSTEL ADDRESS ----------

---------- CODE ----------

ZONE ---------- CLUB ---------- CLASS ---------- BOAT NO ----------

I do not suffer from any physical or mental disabilities and have read the IBASA Rules and will abide by same. I have paid the licence fee and wish to apply for an IBASA Driver's licence.

Licences valid from 1 July to 30 June

SIGNATURE OF APPLICANT ----------

NAME AND SIGNATURE OF GUARDIAN / PARENT IF UNDER 21 ----------

DATE ----------

FOR OFFICIAL USE

This is to certify that the above applicant is member of ----------
(insert club name in block letters)

SIGNED ON BEHALF OF CLUB ----------
(position)

The under listed documents have been received:

Passport Photographs	
Medical Evaluation Form	
Copy of ID	
Optometrist Form	
Proof of Medical Cover	
Other	

Licence Fee	R	
Insurance	R	
Total paid	R	
Receipt No.		

LICENCE NO