



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

Spinning Pitch Booking Form

CUSTOMER / BILLING DETAILS	
Club Name:	Area/Suburb represented
Club Address:	
Contact Person:	Telephone number
Email:	
Person responsible for account:	Telephone number
Email:	

BOOKING DETAILS:			
How long do you want to book the PITCH:			
Half day (9 AM - 1 PM)	Half day (1 PM - 5 PM)	Full day	Hourly
Required date(s):			Required time: From: h Until: h

Arrival Time:	h	Off Track Set up:	h
On Track set up from	h	On Track set up Until	h
On Track event/activity from	h	On Track event/activity Until	h
On Track Strike from	h	On Track strike Until	h

No. of Cars participating: No. of people competing/participating:	No. Support Vehicles
No. of organiser staff/crew:	No. of support crew persons:
	No of Guests/spectators:

Condition of Participating Vehicles	Yes	No
	Please tick in appropriate column	
Will all vehicles be fitted with a full exhaust system?		
Will all vehicles provide environmental mats?		
Will all vehicles be free of fluid leaks?		
Will all vehicles be fitted with the full number of wheelstuds per wheel?		
Who will be responsible for checking vehicle safety (scrutineer)?		

Additional Services Required:			
Medic with jump bag	Ambulance	Fire/Response Vehicle	Cleanup crew
Marshals (indicate how many)	Radios	Cones	

Do you require a food vendor? (please tick next to relevant or supply detail)			
General	Halaal	Vegetarian	Vegan
Other? (supply details)			

If using own external catering or supplying own Vendors, please complete the details below & supply the food acceptability certification of the vendors:	
Name of Company/Vendor:	
Contact Person:	Telephone #
Name of Company/Vendor:	
Contact Person:	Telephone #
Name of Company/Vendor:	
Contact Person:	Telephone #

Will there be any Drones, Photography and Filming?	Yes	No
Contact Person:	Telephone #	

Operator is to produce and submit relevant permits and licences to the offices of WPMC



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Full Description of Event	
In as much detail as possible, please describe your event, adding the names and details of any important parties, persons or companies that will be involved.	

QUOTATION BASED ON ABOVE REQUEST (FOR OFFICE USE ONLY)		
Pitch Hire:	R	
Marshals	R	
Medical Services	R	
Cleanup Crew	R	
Response Vehicle	R	
Radios	R	
Cones	R	
Other	R	
Other	R	
Total Costs:	R	

Bookings will only be accepted once the deposit has been paid and proof of payment has been sent to the office. Refer to Track rental terms & conditions for more information.

Banking Details: Western Province Motor club
 Nedbank (Southern Peninsula)
 Account No. 1232041807

I have read and acknowledged the terms & conditions of Spinning Pitch rental for the WPMC (circle your answer)	YES	NO
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FOR OUR OWN ADMINISTRATION					
Invoice Date		Invoice Number		Invoice Date	
Deposit Amount				Date Paid	
Date Booking Confirmed					

Signed at : _____ on the : _____ 20___ Signature : _____

PoPI Act compliance

Notice in terms of the Protection of Personal Information Act:
 Personal information is collected for a specific, explicitly defined and lawful purpose related to a function or activity of Western Province Motor Club.
 The information will –

- I. Not be used in a form in which the data subject may be identified; or
- II. Be used for historical, statistical or research purposes.
- III. Be sold or in any manner distributed to a third party for use in mailing lists

I hereby authorise WPMC to use my:
 Email address Mobile number Tick applicable (one or both) For electronic communication from WPMC.