



# SAIBA

## SOUTH AFRICAN INFLATABLE BOAT ASSOCIATION

### RACING LICENCE APPLICATION FORM

PILOT'S SURNAME .....

(Block letters)

ID NUMBER .....

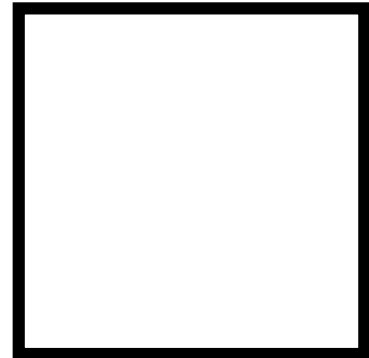
HOME TEL NO ..... WORK NO .....

POSTEL ADDRESS .....

.....

..... CODE .....

ZONE ..... CLUB ..... CLASS ..... BOAT NO .....



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