

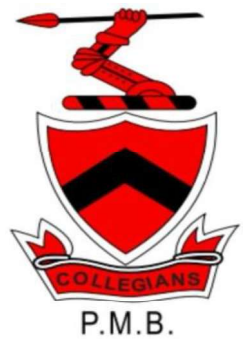


SOLO ENTRY FORM

FEE R400

Voluntary Donations towards Sunfield Home
for Intellectually Impaired

R10	R20	R50	R100	OTHER
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First Name and Surname: _____

I.D. No: _____ Birth Date: _____

Gender: _____

Cell No: _____ E-mail Address: _____

Emergency Contact Details: _____ Tel no: _____

Permanent Race No.: _____ How many solo medals have you earned? _____

Helper's Name: _____

Solo Run	<input type="checkbox"/>	Solo Walk	<input type="checkbox"/>	T-Shirt Size	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	X Large	<input type="checkbox"/>
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Lane Preference (Runners only):

Middle Lane:	<input type="checkbox"/>	Outside Lane:	<input type="checkbox"/>
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Please Pay: Collegians Harriers Nedbank Account: 134 304 6556 Ref: Name and Surname
Club Contact Person: Werner Jonas Contact Details: 083 376 7334

INDEMNITY & CONFIRMATION

I declare that I am physically and medically fit to participate in this event. I participate at my own risk and indemnify the Organizers, Officials and sponsors of the event against any accident, injury, illness, damage or loss whatsoever which may arise as a result of my participation. I confirm that I have read the rules of the event and undertake to abide by them.

Signature _____

Date _____

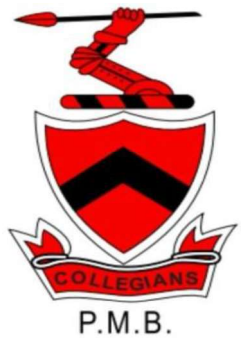




TEAM ENTRY FORM: ENTRY FEE R750 PER TEAM

Voluntary Donations towards Sunfield Home
for Intellectually Impaired

R10 R20 R50 R100 OTHER



Team Name : _____ Email Address: _____

Cell Number: _____ Helpers Name: _____

Emergency Contact Details: _____

TEAM MEMBER 1:

First Name and Surname: _____ Gender: _____

Identity Number: _____

T-shirt size Small Medium Large X Large

TEAM MEMBER 2:

First Name and Surname: _____ Gender: _____

Identity Number: _____

T-shirt Size: Small Medium Large X Large

TEAM MEMBER 3:

First Name and Surname: _____ Gender: _____

Identity Number: _____

T- Shirt Size: Small Medium Large X Large

Event Entered:

Team Run Team Walk Lane Preference: Middle Lane: Outside Lane:
(Runners only):

Corporate Club School Other

Please Pay: Collegians Harriers Nedbank Account: 134 304 6556 Ref: Name and Surname
Club Contact Person: Werner Jonas Contact Details: 083 376 7334

INDEMNITY & CONFIRMATION

We declare that we are physically and medically fit to participate in this event. We participate at our own risk and indemnify the Organizers, Officials and sponsors of the event against any accident, injury, illness, damage or loss whatsoever which may arise as a result of our participation. I confirm that I have read the rules of the event and undertake to abide by them.

Signatures:

1 _____ 2 _____ 3 _____

Date: _____

