

# SANLAM CAPE TOWN MARATHON ENTRY FORM

## ATHLETE DETAILS

FIRST NAME															
SURNAME															
ID NUMBER															
NATIONALITY															
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	AGE		GENDER	MALE	M	FEMALE	F
PROVINCE															
CELL NUMBER						WORK TELEPHONE									
EMAIL ADDRESS															

## ATHLETE DETAILS – CLUB AND LICENCE DETAILS

DO YOU BELONG TO A RUNNING CLUB	<input checked="" type="checkbox"/>	NO, I NEED TO PURCHASE A TEMPORARY LICENCE
	<input checked="" type="checkbox"/>	YES, I BELONG TO AN ASA AFFILIATED CLUB AND HAVE PURCHASED A VALID 2019 LICENCE
CLUB		
2019 LICENCE NO		
PLEASE NOTE: BATCH/SEEDING ALLOCATIONS WILL ONLY BE DONE POST ENTRIES CLOSING		

## SEEDING TIME IN 2018/2019 – MARATHON

BEST <b>42.2KM</b> TIME IN THE LAST 12 MONTHS (HH:MM)	H	H	M	M											
<input checked="" type="checkbox"/>	I AM A NOVICE OR DO NOT HAVE A SEEDING TIME FROM THE LAST 12 MONTHS														
<input checked="" type="checkbox"/>	I HAVE A SEEDING TIME (HH:MM)														
AT WHICH EVENT IN THE 2018/2019 PERIOD DID YOU ACHIEVE YOUR 42.2KM SEEDING TIME?															
EVENT															

BEST <b>21.1KM</b> TIME IN THE LAST 12 MONTHS (HH:MM)	H	H	M	M											
<input checked="" type="checkbox"/>	I AM A NOVICE OR DO NOT HAVE A SEEDING TIME FROM THE LAST 12 MONTHS														
<input checked="" type="checkbox"/>	I HAVE A SEEDING TIME (HH:MM)														
AT WHICH EVENT IN THE 2018/2019 PERIOD DID YOU ACHIEVE YOUR 21.1KM SEEDING TIME?															
EVENT															

## SEEDING TIME IN 2018/2019 – 10KM

BEST <b>10KM</b> TIME IN THE LAST 12 MONTHS (HH:MM)	H	H	M	M											
<input checked="" type="checkbox"/>	I AM A NOVICE OR DO NOT HAVE A SEEDING TIME FROM THE LAST 12 MONTHS														
<input checked="" type="checkbox"/>	I HAVE A SEEDING TIME (HH:MM)														
AT WHICH EVENT IN THE 2018/2019 PERIOD DID YOU ACHIEVE YOUR 10KM SEEDING TIME?															
EVENT															

## MEDICAL AID DETAILS

EMERGENCY CONTACT															
EMERGENCY NUMBER															
RELATION OF PERSON TO ENTRANT															
MEDICAL AID NAME															
MEDICAL AID NO															
MEDICAL AID LOYALTY PROGRAMME NAME															
MEDICAL AID LOYALTY PROGRAMME NUMBER															
<input checked="" type="checkbox"/>	PLEASE TICK HERE SHOULD YOU WISH FOR US TO SHARE YOUR RACE RESULTS WITH YOUR MEDICAL AID LOYALTY PROGRAM														

# SANLAM CAPE TOWN MARATHON ENTRY FORM

SHIRT SIZE						
ASICS EVENT T-SHIRT (COTTON CASUAL) - R230						X
ASICS MARATHON SHIRT INCLUDED IN MARATHON ENTRY FEE						
MALE STYLE		S	M	L	XL	XXL
FEMALE STYLE	XS	S	M	L	XL	

EVENT CHOICE:	
	MARATHON 42.2KM
	10KM PEACE RUN
	5KM PEACE RUN

PAYMENT		
<b>PAYMENT METHOD:</b>		
CREDIT CARD / DEBIT CARD	BANK: ABSA	ACCOUNT NAME: CAPE TOWN MARATHON
DIRECT DEPOSIT / EFT (72 HOURS TO MAKE PAYMENT)	ACC NO. 4056750065	BRANCH CODE: 632005
SPORTSMANS WAREHOUSE STORE (72 HOURS TO MAKE PAYMENT)	REFERENCE: 42-ID NUMBER OR 10-ID NUMBER	

PAYMENT – VAT INCLUSIVE	TOTAL
<b>MARATHON 42.2KM:</b>	
LICENCED RUNNERS: R270 – INCLUDES RACE ENTRY, TIMING CHIP & ASICS SHIRT	
UNLICENCED RUNNERS: R340 – INCLUDES RACE ENTRY, TEMPORARY LICENCE, TIMING CHIP & ASICS SHIRT	
<b>PEACE 10KM:</b>	
LICENCED RUNNERS: R110 (ADULTS) AND R95 (JUNIORS) – INCLUDES RACE ENTRY & TIMING CHIP	
UNLICENCED RUNNERS: R150 (ADULTS) AND R120 (JUNIORS) – INCLUDES RACE ENTRY, TEMPORARY LICENCE & TIMING CHIP	
<b>PEACE 5KM RUN:</b>	
R70 – INCLUDES RACE ENTRY & TIMING CHIP	
<b>EXTRAS:</b>	
ASICS EVENT T-SHIRT (COTTON CASUAL): R230	
DONATION TO CHARITY (ENDUROCAD OR WPA)	
PRE-PAID JETLINE ACTION PHOTO'S (R299)	
<b>GRAND TOTAL</b>	

INDEMNITY									
<b>RULES &amp; REGULATIONS:</b> ENTRANTS UNDERTAKE TO ABIDE BY THE RACE RULES AND AGREE TO THEM									
<p><b>WAIVER:</b> All entrants agree that the information that they have supplied is true and correct. That they are in good health, are physically fit and trained to participate in and understand the risks associated with the event. They agree to abide by all the rules and conditions of the event and accept that they enter and participate at their own risk and fully indemnify the organisers, ASA, WPA, all sponsors and partners, volunteer groups, medical personal and any or all other parties from any direct or indirect loss of damage, however caused, arising from their participation in the event, or related to the event. They grant permission in terms of section 51 of the electronics communication transactions act 25 of 2002, to use their name, race information, photographs, video tapes, broadcasts, telecasts in which they may appear free of charge. They accept that their personal information will remain confidential and consent to same being shared with the parties involved in the organisation of the event for purposes of registration, timing, medical care, IAAF world rankings, Abbott World Marathon Majors Wanda Age Group Rankings and promotional activities related to the event.</p>									
SIGNATURE (GUARDIAN FOR PERSONS UNDER 18)		X	I HAVE READ AND ACCEPT THE ABOVE INDEMNITY						
			DATE	D	D	M	M	Y	Y

