

COLLEGIANS' CLUB

PIETERMARITZBURG



2018 JUNIOR FEES

First Names:.....

Surname:.....

Identity Number/Date of Birth.....

Residential Address

.....
.....
.....

Contact No (Parents/Guardian).....

Cell No:(Parents/Guardian.....

E-Mail Address:.....

I wish to join the following Sporting Sub-Sections:

Bowls		Darts		Harriers		Rugby		Soccer	
Zingari Cricket		Standard Cricket				Squash			

I agree to abide by the Constitution and Rules of the Club and make myself conversant with them
Should I wish to resign I will notify the Club in writing. I will advise the Club of any change
in my postal or e-mail address.

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Signature of Parent/Guardian

Date of joining Club.....

Sub-Section Chairman

Name.....

Signature:.....

Executive Members: (1).....

(2).....

Date of Fees Paid:..... Receipt Number..... Amount R.....

Date..... (Chairman)

Members Number.....