

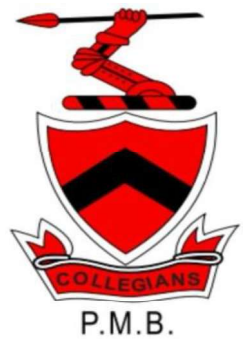


SOLO ENTRY FORM

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"/>

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 _____

