

Solo Entry Form

02 AUG 2025



R400
Entry Fee

Please Pay: Collegians Harriers
Nedbank Account # 134-304-6556
REF: LD-Name & Surname
Email proof of payment to:
accounts@collegiansharriers.co.za



**SCAN TO PAY
ENTRY FEE**

**SCAN FOR VOLUNTARY
DONATION TO**



Entrant Details

Full Name				Club Name			
I.D. Number			Birth Date			Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Cell Phone Number			Email Address				
No. of Solo Medals Earned			Permanent Race No.				
SOLO RUN <input type="checkbox"/>		SOLO WALK <input type="checkbox"/>					

Emergency Contact Details

Full Name			Helper's Full Name		
Cell Phone Nr.			Cell Phone Nr.		

Thank you to our Sponsors



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 Organisers, 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 _____