

# Team Entry Form

## 02 AUG 2025



R825  
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**



R10

R20

R50

R100

Other: R \_\_\_\_\_

Team Name

Email

Helper's Full Name

Cell Phone Number

*Entrant Details*

TEAM RUN ☐

TEAM WALK ☐

### Team Member Details

#	Entrant Name	Entrant Surname	ID Number	Cell Phone Number	Gender	
					M	F
1						
2						
3						

*Thank you to our Sponsors*



### 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 Organisers, Officials and sponsors of the event against any accident, injury, illness, damage or loss whatsoever which may arise as a result of our participation.

We confirm that we have read the rules of the event and undertake to abide by them.

★ Signature 1 \_\_\_\_\_

★ Signature 3 \_\_\_\_\_

★ Signature 2 \_\_\_\_\_

★ Date \_\_\_\_\_